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ABSTRACT

The purpose of this guide is to assist school districts and teachers to define what alcohol and drug education is intended to do (establish curriculum goals and objectives) and to develop an instructional framework to serve this purpose. The guide is divided into four chapters: (1) introduction; (2) definition and approaches to alcohol and drug education including correlation and/or integration with other subjects; (3) instructional framework (four grade level programs, K-3, 4-6, 7-9, 10-12); and (4) teacher resources. (PFS)

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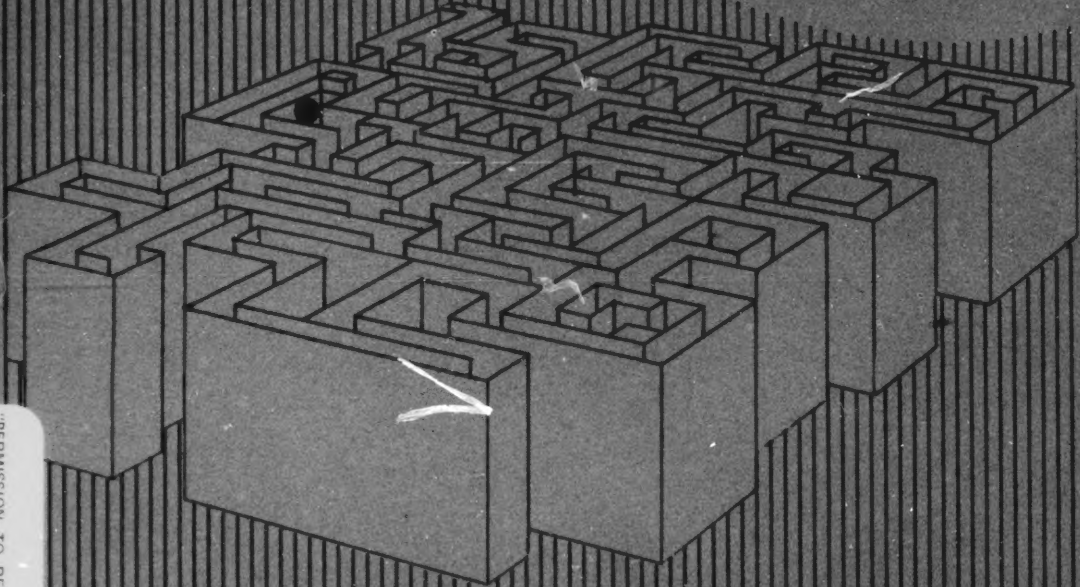

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Many of the classroom activities described in the *Guide* have been drawn from the *Teacher Activity Packages for Grades 2–6* developed by Cooperative Educational Service Agency Number Eight in Appleton, Wisconsin and from *Alcohol Use and Traffic Safety Volume I – Volume IV* prepared by the Maryland State Department of Education.

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Chapter One

Introduction

We live in an alcohol and drug using society. The use and abuse[1] of alcohol and drugs by young people and older people is a frequent occurrence across ethnic and socioeconomic groups and across geographic areas and population concentrations. Twentieth century America has a large number of problem drinkers and alcoholics, drug dependent people, casual and regular users of marijuana, and people who misuse prescription and non-prescription drugs. Our young people live in this environment and they must make personal decisions about their use or non-use of these substances. The schools of Iowa can help young people to develop skills to make responsible decisions related to their own alcohol and drug use or non-use behaviors.

Need for a Guide

The present Code of Iowa (Chapter 257.25. School Standards) requires that schools provide health education which includes "the effects of alcohol, tobacco, drugs, and poisons on the human body." This instruction is to be provided to students in grades 1 – 12. The law does not specify how students are to be instructed about these substances. School personnel have interpreted this mandated responsibility in a variety of ways.

Many school districts have requested assistance from the Department of Public Instruction in establishing their curricular offerings in alcohol and drug education. This guide is intended to be of assistance to school personnel in their development and implementation of alcohol and drug education curricula.

Purpose of the Guide

The purposes of the Alcohol and Drug Education Guide are to assist school districts and teachers to:

1. develop a rationale for alcohol and drug education;
2. define what alcohol and drug education is intended to do (curriculum goals and objectives),
3. develop an instructional framework for alcohol and drug education;
4. determine where alcohol and drug education can be integrated into existing school curricula and/or correlated with other subject areas.

The major emphasis of this guide has been directed toward the development of an instructional framework for alcohol and drug education. The instructional framework presented in Chapter Three and the remaining text in the guide are directed at accomplishing the purposes stated above.

Philosophy of the Guide

The *Alcohol and Drug Education Guide* is based on the philosophy:

1. that a primary responsibility of the school is to provide students with learning experiences and skills which will enable them to function successfully in a rapidly changing society without the use or abuse of alcohol or other drugs,
2. that alcohol and drug abuse are serious social problems to which the school, as a primary influence in the the socialization of children, must respond;
3. that the response should be manifested in a carefully planned, well coordinated K – 12 alcohol and drug education curriculum, the focus of such curriculum being the development of mentally, physically, and socially healthy young people;
4. that the most effective alcohol and drug education program is a synthesis of content (cognitive) and behavioral (affective) approaches adjusted to the needs and concerns of the students and community;
5. that students, school personnel, parents, and community resources should be involved in the planning, implementation, and evaluation of the program.

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[1] Use is defined as the consumption of any quantity of alcohol or drugs for any purpose.

Abuse is defined as the habitual use by self-administration of drugs or alcohol to the extent that the use interferes with the physical, psychological, vocational, or social functioning of the individual.

Because this philosophy of alcohol and drug education focuses on the human behavior of alcohol and drug use and abuse, rather than on the substances themselves, the major empahsis of the guide is on the affective and health promoting realms of education.

Organization of the Guide

The Alcohol and Drug Education Guide is organized into four sections:

Chapter One – **Introduction**. Presents a brief explanation of the need for a guide, the purposes of the guide, philosophy of the guide and the possible uses for the guide.

Chapter Two – **Alcohol and Drug Education**. Presents some background perspective for alcohol and drug education; presents a definition of alcohol and drug education; and offers some suggestions for the integration/correlation of alcohol and drug education with other school curricula.

Chapter Three – **Instructional Framework**. Presents a K – 12 scope and sequence for alcohol and drug education; describes developmentally appropriate student outcomes; offers content statements and activities to develop these student outcomes; and lists teacher and student resources for each level of instruction.

Chapter Four – **Teacher Resources**. Includes a glossary of terms used in the guide, a set of guidelines for the selection of audiovisual materials and a listing of additional resources available to the teacher.

Use of the Guide

The Alcohol and Drug Education Guide is not intended to be a total curriculum that every school district is required to follow. Rather, the guide is a starting point from which teachers and administrators can build a comprehensive program of alcohol and drug education.

The information contained in the guide can be used by curriculum committees to plan and implement comprehensive K – 12 alcohol and drug education curricula. On another level, the guide is intended to be of help to teachers in their determinations of what content, materials, and methods are suitable for meeting their students' needs in alcohol and drug education.

Educators should also be aware that many of the outcomes and activities suggested in this guide are also suggested in resource guides and curricula in other subject areas. Many of the activities and outcomes related to the affective domain and mental and social health are inherent in such educational programs as career education, social studies, family living, educational television productions, and comprehensive school health education. For this reason a detailed outline of activities for fostering the emotional and social growth of young people has not been included in this guide.

Chapter Two

Alcohol and Drug Education Is . . . .[1]

The National Education Association (NEA) has defined "drug education" as "A learning process that influences an individual emotionally, intellectually, psychologically, and socially, and that may result in the modification of attitudes that influence behavior. It not only involves the formal mechanisms of presenting information but also includes a series of experiences and influences that help shape the environment – the atmosphere of the school, the life style present at home, the attitude of parents, the pressure within a peer group, the popular culture, the personal experiences with or without drugs, and the availability of alternative mechaisms employed to carry out certain kinds of behavior."[2]

The NEA Task Force recognized the complex interaction of factors which influence alcohol and drug use and abuse. Actual school approaches to alcohol and drug education reflect considerable variance among school personnel in their respective definitions of this term.

Approaches to Alcohol and Drug Education

Most alcohol and drug education in schools has been based on an **information giving** approach. The information presented to students was centered on the substances and the harmful physiological, psychological and/or sociological consequences of alcohol and drug use and/or abuse. The approach has been effective with students who agreed with the information presented and the value positions of the communicator. Many students, however, have not been persuaded to not use or abuse alcohol and drugs.

The information giving approach assumed that people make rational decisions from a basis of factual information. Most people tend to ignore reliable information (1) when confronted with strong peer pressure to conform, (2) when the expected behavior does not fit one's life style or values, or (3) the person is faced with personal problems for which no other coping mechanisms are apparent. Additionally, the alcohol and drug use or non-use behaviors of an individual are strongly related to that person's **perceptions** of the risks (physical, psychological, and social) versus the gains involved in such behaviors. These perceptions are strongly influenced by models presented by significant others and the individual's felt personal needs, life style, values, and prior experiences with alcohol and drugs.

A second approach (psychosocial) focuses on the sociological and psychological aspects of alcohol and drug use and abuse. The use of alcohol and drugs is viewed as a complexly derived human behavior. People have motives for their use or non-use of these substances. The educational approach examines these motives and their influence on alcohol or drug use decisions. The educational approach examines human needs in relationship to the alcohol and drug use patterns and norms in American society. The various forms of social control on the use of alcohol and drugs are related to the individual's decisions to use or not use these substances.

The psychosocial approach assumes that young people can learn to understand and cope with the causes of alcohol and drug abuse.

A third approach (comprehensive) presents alcohol and drug education within the framework of confluent education. There are cognitive aspects of alcohol and drug education such as accurate information and concepts about alcohol and other drugs. The learner also brings feelings, attitudes, and values to learning experiences about alcohol and drugs. In this approach the teacher is responsible for providing information and tools related to alcohol and drug education while providing an atmosphere and processes where students can relate that content effectively to their own life experiences.

Alcohol and drug education is "process" oriented in this approach. The individual is to internalize the processes of self-knowledge, valuing, decision making, and the assumption of personal responsibility for one's behavior. The processes are directed toward the individual assuming personal responsibility for his/her own alcohol or drug use or non-use.

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[1] Much of the content in this chapter is based on data collected from Iowa students in "The Iowa Study of Alcohol and Drug Attitudes and Behavior Among Youth," (Iowa Department of Public Instruction, 1975), and on the prevention recommendations from the National Institute on Drug Abuse and the National Institute on Alcoholism and Alcohol Abuse.

[2] *Drug Education: An Awakening. A Report of the NEA Task Force on Drug Education.* (Washington, D.C.,: National Education Association, 1972), p. 7.

The assumption underlying the comprehensive approach is that most people will not choose self-destructive behaviors if they are aware (1) that constructive alternative behaviors are available to them for meeting their needs and (2) that they can freely choose a constructive behavior from these alternatives. The responsibility for the choice and consequences of self-destructive or growth promoting behavior lies within the individual.

The instructional framework presented in Chapter Three contains elements of the three approaches presented above. The school district and/or classroom teachers can adopt any or all of the framework depending upon their approach to alcohol and drug education.

Objectives of Alcohol and Drug Education

A curriculum development committee or individual teachers should determine what the classroom experiences in alcohol and drug education are designed to accomplish. The process of setting goals and objectives for alcohol and drug education should include a consideration of issues such as: What is the role of the school in preventing alcohol and drug abuse? When should alcohol and drug education begin? What concepts should be taught and what methods should be used to influence young people at different developmental levels? Should it be integrated into all or part of the existing curriculum?

The educational approach and objectives for alcohol and drug education will probably be most influenced by the attitudes, knowledge, and skills of local teachers. Any alcohol and drug education curriculum, particularly one that deals with students' personal behaviors, attitudes, and feelings, will depend on the competencies and needs of local teachers.[3]

The setting of goals and objectives for alcohol and drug education should involve as many teaching faculty as possible. Teachers and school administrators who are to implement a curriculum must be a part of the development of it. The philosophy, content, activities, and teaching methods of an alcohol and drug curriculum must belong to the teachers who are to implement it.

An alcohol and drug education curriculum should specify some desired student outcomes as a result of units of instruction or learning activities. The objectives (outcomes) presented in Chapter Three were developed to help teachers and curriculum committees with this task.

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[3] *Doing Drug Education. The Role of the School Teacher.* (Rockville, Maryland: National Institute on Drug Abuse, 1975).

Correlation or Integration With Other Subjects

Alcohol and drug education as a part of comprehensive health education can be correlated or integrated with other subject areas throughout the elementary and secondary levels. For example, correlation or integration could occur with other major subject areas as follows:

Biology – Effects of alcohol and drugs on the circulatory, respiratory, nervous, and other body systems; possible physiological harm to the body resulting from alcohol and drug abuse/use.

Chemistry – Chemical properties of alcohol, drugs and poisons; effects of substance use on chemical exchange of oxygen and carbon dioxide in the blood and lungs; process of alcohol metabolism; percent concentration of alcohol in blood.

Driver Education and Safety – Decision making related to alcohol and drug use and driving, responsibility of drivers for safety of others; home and school rules related to safe use of substances.

English – Reading and interpreting popular magazine articles or books to identify their pro or con positions on alcohol and drug use; analyses of media advertisements, themes of rock music, and contemporary theatre.

Family Living – Relationships of parenting and family communications to alcohol and drug abuse prevention; effects of alcohol and drug abuse on the family unit; self-medication and the abuse of prescription and nonprescription drugs; alternative family life styles and the non-use of substances.

Government – Legislation and agencies concerned with the manufacture, distribution, sales and taxation of alcohol and drugs; the economics of the alcohol and drug industries; federal, state, and local efforts to prevent alcohol and drug use and abuse; rehabilitation and treatment of chemically dependent people.

History – Use of alcohol and drugs by humans throughout history; legislative attempts to control alcohol and drug use.

Physical Education – Alcohol and drugs and their relationships to fitness and athletic performances; alternative activities to alcohol and drug use.

Psychology – Life coping skills and mental health related to alcohol and drug use/abuse, motivations for alcohol and drug use/abuse, alternative ways of meeting needs.

Social Studies – Alcohol and drug abuse as a social problem; alcohol and drug use related to norms and customs of societies; alcohol and drug use related to crime, poverty and social inequalities; alternatives to boredom, alienation and loneliness; peer, parental, and societal influences on alcohol and drug use decisions.

Chapter Three

Instructional Framework

The effectiveness of instructional programs in alcohol and drug education is reflected in the attainment of desired changes in student behaviors, attitudes, and knowledges. In order to accomplish these objectives with students, a comprehensive instructional approach should be used. This comprehensive program should clearly specify what changes in behavior, attitudes, and knowledges are desired, what learning activities are appropriate and at what developmental stages it is most relevant to introduce program concepts. This chapter attempts to provide this framework for instructional programs. The instructional framework is predicated on the assumption that alcohol and drug education will be correlated/or integrated with other curricular areas such as health, mental health, affective education, psychology, social studies, career education, life science, and family living.

The materials included in this chapter are intended to be helpful to classroom teachers and curriculum committees. Each school district and teacher is encouraged to modify the instructional framework to fit their local situations and the needs of their students.

Organization of the Instructional Framework

The instructional framework is organized in two basic ways: (1) by six major outcome areas and (2) by four age levels. The scope and sequence chart presented in the guide illustrates these organizational features.

The instructional program is organized according to six major student outcomes. At the conclusion of a student's secondary education (Level IV), the student will:

(A) Understand the basic factors of human behavior related to alcohol and drug use. (HUMAN BEHAVIOR)
(B) Know impartial scientific facts about alcohol and other drugs. (SCIENTIFIC FACTS)
(C) Know the probable consequences of any alcohol and drug use to the individual, to the family, and to the community. (CONSEQUENCES)
(D) Know that the individual, his/her family, and the community have interrelated responsibilities for the prevention of alcohol and drug abuse. (PREVENTION)
(E) Know personally relevant and satisfying alternative behaviors to alcohol and drug abuse. (ALTERNATIVES)
(F) Be able to employ decision making skills to make responsible decisions relative to personal alcohol and drug use or non-use. (DECISION MAKING)

There are four developmental levels or age ranges used in this framework. Each color section in this chapter represents alcohol and drug education appropriate to students in the following age ranges:

Level I	(grades K–3) Red
Level II	(grades 4–6) Green
Level III	(grades 7–9) Orange
Level IV	(grades 10–12) Blue

At each level (i.e. Level I) there are several specific student outcomes listed. These specific outcomes are developmental interpretations of the six major outcomes.

Each age level section (i.e. Level II: 4–6) of this chapter is organized to include:

- A brief description of the developmental needs and interests of students
- Specific age level outcomes under each major outcome area (Human Behavior, Scientific Facts, Consequences, Prevention, Alternatives, Decision Making)
- Content statements related to each specific age level outcome
- Classroom activities matched with each specific age level outcome
- Additional teacher and student resources are listed on the last page of each age level section.

Classroom teachers should read through the scope and sequence chart and their age level sections of this chapter. Teachers will note that it is impractical for one classroom teacher or subject area to be responsible for completely developing all of the student outcomes. In order to accomplish the student outcomes, several teachers must plan together with due consideration of their teaching strengths and the developmental needs of their students. Consideration should also be given to vertical articulation between age levels. (Levels I and II, Levels II and III, etc.)

The instructional framework is also an attempt to address the needs of the individual teacher. It is the classroom teacher who must decide what content, activities, and methods are appropriate for meeting the developmental needs and interests of his/her students. The students' interests and developmental needs should serve as the guide for setting objectives for learners and the selection of learning experiences.

Level I

Grades K-3

Level I: Developmental Needs and Interests

Grades K–3. In these grades the emphasis should be on maintaining good health. Children should be taught respect for medicines and other potentially dangerous substances. Children need to know about common medicines and how they are used. Children should know the difference between candy and sugarcoated vitamins or aspirin. Children should learn that drugs used under a doctor's prescription or for a definite illness are proper and beneficial. The concept that unknown substances might produce psychological or physiological harm should be developed. These unknown substances include another person's medicine or pills or substances offered by friends or found somewhere.

The primary developmental task during this period is learning to deal with others socially and cooperatively. Concerns of the student fall primarily into feelings about self, one's skills, and one's ability to get along with others. The teacher can build on the student's beginning acceptance of him/herself as a person in his/her own right with unique talents and worthwhile skills. The teacher should help students develop understandings of why people do what they do, how to set personal goals, and why respect for rules and laws is important.

Teachers should discuss healthy ways to handle stress and upset feelings through work, play, and talking with others. Children should learn constructive alternatives for handling anger, fear, frustration, anxiety, loneliness, jealousy, and prejudice.

Children can begin to understand problem solving and decision making as dynamic processes. The negative concepts of running away, denying that problems exist, or avoiding problems should be discussed. Authority figures such as parents, teachers, and police officers should be presented as potential "helping" people.

Through the four year span, children should learn that what they do does affect others and is of concern to others. Children should also learn that there is always more than one choice available, that each choice has its advantages/disadvantages in terms of positive or negative consequences. Each child should know that he/she must be ready to accept the consequences when he/she has made a decision.

MAJOR OUTCOME A: STUDENT WILL UNDERSTAND THE BASIC FACTORS IN HUMAN BEHAVIOR RELATED TO SUBSTANCE USE: PSYCHOLOGICAL, PHYSIOLOGICAL, SOCIOLOGICAL. (HUMAN BEHAVIOR)

Specific Outcome: 1. List five need areas all people share (physical, social, intellectual, emotional, and spiritual).

CONTENT	ACTIVITIES
1. People depend on each other to provide basic needs for food and shelter, care, love, friendship, learning, and activity.	1A. Students collect pictures of people engaged in pleasurable activities. Discuss how the activity might be satisfying some need(s) and why people seem to be enjoying the activity.
Human behavior reflects the nature of their needs.	B. Ask students to draw stick figures which illustrate their methods of satisfying needs in each of the five need areas. Ask them to label the stick figure pictures, and invite them to share the pictures and meanings with classmates.
All people have the same types of needs.	
As people mature they learn more complex and efficient ways of achieving their goals or satisfying their needs.	

CONTENT | **ACTIVITIES**

Specific Outcome: 2. Describe one's feelings about self and how these feelings affect one's behavior.

CONTENT

2. Everyone has feelings which will need to be resolved.

Fear, worry, anger, sadness, happiness, and love are natural feelings.

Children can become more aware of their feelings so that they may cope successfully with different emotions.

Children need to (and can learn to) cope with anger in social situations.

Children can learn positive ways of coping with fears of failure or rejection.

How the individual sees himself/herself is the basis for healthy mental growth and development.

Everyone can be proud of something; you need not be "best" to feel proud.

Feelings about self change frequently; an individual can take steps to change negative feelings about self.

ACTIVITIES

2A. Students will identify the most common feelings people might have (happiness, anger, sadness, hurt, etc.). Draw faces showing these feelings and label the pictures with common "feeling words."

B. Have students dramatize:

- Why I'm afraid to go to the doctor or dentist.
- Pretend that you are a new student in school. What do you feel and why? What actions do you take to make you feel more comfortable?
- Someone crowding in front of you on the bus or at the drinking fountain.
- Your mother blamed you for doing something that your little brother/sister did.

2C. Completing unfinished sentences about various moods or states of mind:

- When I am happy I like to
- I am sad when my friends
- When I am angry I
- When I want to be happy I
- Being alone is
- I am proud that I

D. **"How Did I Do Today"** – Each child prepares an individual log noting listening, reading, friendliness, meeting personal goals, giving compliments, cooperation at play, etc. Each child responds to each activity on the list by checking a symbol of happy face, blank face, or sad face. Students can share their "proud of" responses with a classmate or the whole class.

E. **Last Week's Good Feelings**. Ask each child to make a list of things that made him/her feel good last week. Then have each child think of ways he/she can act to produce similar good feelings this week.

Last Week's Bad Feelings. Ask each child to list the things that made him/her feel bad last week. Ask each student to select two items from this list and to think of ways that he/she could prevent the bad feelings from happening again.

CONTENT | **ACTIVITIES**

Specific Outcome: 3. Describe how the actions of other people affect one's feelings.

CONTENT

3. People communicate feelings to others verbally and/or non-verbally.

People often misunderstand what you say to them verbally and non-verbally.

People can learn to understand and accept differences in others.

Humans need affection and acceptance from others.

ACTIVITIES

3A. List words/phrases on the board and ask students to act out these expressions without talking. Ask students to keep score (How many words/phrases did I interpret correctly?) Samples include:

Goodbye
Hello
I don't know
Yes
Okay
Hooray

Come here
I'm sad
I'm happy
I don't care
That stinks
We won
I understand

Good for you
That's neat
Be quiet
You're the one
Listen
Please

Discuss what happens if you misinterpret what someone communicated to you.

B. Through discussion, the class develops a list of appreciation phrases they hear or use in daily routines. This list might include: "Thank You," "Congratulations," "Nice going," "That's neat," or "Wow, you did a good job." The list is posted on a bulletin board or a wall for students to see.

The phrases are written on slips of paper and placed in an "Appreciation Box" which will be used in a role playing activity. The children are divided into pairs and each pair draws one slip of paper. The pair then plans a skit that illustrates feelings that might be associated with the phrase. The skits are presented to the class and discussed by the class.

Specific Outcome: 4. Describe how belonging to a group affects one's feelings and behavior.

CONTENT

4. People learn from others through imitation, advice, experience.

Children can learn to enter social groups easily and to participate in them constructively.

Considering other people's perspectives will help one to get along with others.

Positive approaches to social situations usually pays off in positive relationships and can improve the way things get accomplished.

Children are members of family groups; family members perform different roles.

Families communicate likes and dislikes, goals and aspirations, problems, and expectations of one another.

ACTIVITIES

4A. Ask students to name types of groups to which they belong. For each group named, ask students to give their ideas concerning the reasons for the group's existence and how the group expects members to behave.

B. Dramatize ways of being friendly, of making others feel comfortable at school.

- To a new pupil
- To a person who has been teased about being fat, skinny, wearing glasses, an unskilled ballplayer, etc.
- To being left out of a peer group

C. Dramatize children's roles in the family (e.g. parent and child purchasing new clothes, parent and child repairing things at home, family activities during holidays, sibling cooperation). Discuss how these roles might influence a child's attitudes and behaviors.

MAJOR OUTCOME B: STUDENT WILL KNOW IMPARTIAL SCIENTIFIC FACTS ABOUT ALCOHOL AND OTHER DRUGS. (SCIENTIFIC FACTS)

Specific Outcome: 1. Explain the purpose of medicines.

CONTENT	ACTIVITIES
1. Medicines are of benefit when they: Prevent infection Relieve pain Assist the body to correct itself	1A. Brainstorm reasons for using medicines. List them on the board. Ask students to tell about medicines they may have taken and why they were prescribed. Cluster the reasons and medicines according to the classes presented in the **content** column.

CONTENT

ACTIVITIES

Specific Outcome: 2. Describe the role of parents, pharmacists, and other health professionals in dispensing medicines.

2. Parents and health professionals are responsible for prescribing and administering medicines.

Nurses, dentists, and doctors are health professionals.

Medicines should be administered to young children by a responsible adult who understands the directions for use, proper dosage, and special health characteristics of the child.

2A. Students and teachers prepare two lists, health workers or agencies and health needs. Using a poster, worksheet, matching, board, etc., match the need to the work.

B. List the following people and ask students which they would allow to give them medicine? Candy? Help?

Strangers
Parents
Friends
Doctor
Nurse
Dentist
Teacher
Principal

CONTENT	ACTIVITIES
Specific Outcome: 3. List home and school rules for using medicines, poisons, and other substances.	
3. Home and school rules about medicines, poisons, and other substances are designed to protect children from harm. Sample rules: – Medicines and drugs found in the medicine cabinet should be controlled by parents. – Children should take medicine only at the direction of a parent or responsible adult such as a health professional. – Children should not take medicine alone. – The directions on the containers of any medicine tells how it should be used; these directions should be followed exactly. – It is important to follow the doctor's directions about taking medicines. – Family members should not share medicine with others in the family unless so directed.	3A. Students discuss ways of preventing small children from accidentally poisoning themselves on medicines and household products. B. Students and teachers generate a list of school rules about the use of medicines, poisons, and other substances.

Specific Outcome: 4. Identify harmful household products (substances).

CONTENT	ACTIVITIES
4. A poison is any agent which if introduced into an organism may chemically produce an injurious or deadly effect. Many medicines, if taken in excessive amounts, are poisonous (toxic) in their effects. Many natural, chemical, or synthetic substances are potentially poisonous as they are harmful when misused. All dangerous substances should be kept in their original containers to guarantee proper labeling and retain the directions for use, warnings, and antidotes.	4A. Teacher prepares a bulletin board of symbols or words or warning labels. Each student should be able to read and interpret these symbols. Students should be able to relate the symbols of the skull and crossbone and RX to possible harmful effects. B. Things Safe and Unsafe to Eat. Display common household products such as nail polish, aspirin, Drano, turpentine, cough medicine, etc., and have children classify them as: – Items safe for me to eat – Items **not** safe for me to eat – Items safe to eat **only** when given to me by a qualified adult

MAJOR OUTCOME C: STUDENT WILL KNOW THE PROBABLE CONSEQUENCES OF ANY ALCOHOL AND DRUG USE TO THE INDIVIDUAL, TO THE FAMILY, AND TO THE COMMUNITY. (CONSEQUENCES)

CONTENT **ACTIVITIES**

Specific Outcome: 1. Give examples of how misuse of medicines or household substances will very likely result in physical harm.

CONTENT

1. Refer to information about poisons contained in other reference.

There are many dangers arising from the misuse of medicines:

- An overdose of any medicine or drug can be toxic causing illness or death from poisoning, burning, or distorted functioning of body systems, especially the nervous system.
- Use of someone else's medicine, use without following directions, improper administration of a drug, and ingestion of an unknown substance can also be toxic to an individual who proves allergic to the substance or whose body chemistry cannot tolerate the substance.
- In case of misuse of a medicine or drug, a physician should be contacted immediately.

ACTIVITIES

1A. Students and teacher list the consequences of using some common household products incorrectly. Ask pupils to suggest responses to accidental poisoning (e.g. What should you do?, Whom should you tell?, When should you call?, What should you do with the container?).

B. Pupils describe situations. "What can happen if you. . ."

- Ignore the labels on a medicine bottle?
- Use someone else's medicine?
- Take more medicine than you should?
- Use old medicines?
- Use medicines for the wrong purpose?
- Use an unknown medicine (one whose source and purpose are unknown)?

Ask pupils:

Who can give you help if you misuse medicines?
What should you do?
Whom should you tell?
Whom should you call?

MAJOR OUTCOME D: STUDENT WILL KNOW THAT THE INDIVIDUAL, HIS OR HER FAMILY, AND THE COMMUNITY HAVE INTERRELATED RESPONSIBILITIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE PREVENTION

CONTENT

Specific Outcome: **1. Describe the ways rules, regulations, and laws help protect one's health and safety; particularly those related to medicines and poisons.**

1. Rules and regulations about medicines, poisons, and other substances are designed to protect our health and safety.

   The Federal Food and Drug Administration carries out laws intended to insure that foods, drugs, and cosmetics are safe, pure, sanitary, and honestly packaged and labeled.

   State laws closely follow Federal laws and regulate the production, sale, and distribution of foods, drugs, and alcohol.

   Rules and regulations about medicines are designed to:

   - Identify the people who are responsible for giving medicines
   - Ensure the correct medicine for an illness
   - Ensure the proper dosage
   - Ensure the proper frequency of use
   - Ensure that the medicine is of a high quality

ACTIVITIES

1A. Use a voting list asking students "How many of you ever. . ."

- Got help from a police officer, fire fighters, teacher?
- Talked to a stranger – man, woman, older students?
- Took food from a strange person?
- Used medicine (aspirin, cold tablets, etc.) without your parents knowing?
- Others

When the list is finished allow students to ask the teacher questions or make comments. Note the particularly dangerous behavior(s) reported by the students during the voting list. Discuss the dangerous and safe behaviors in relationship to home and school rules.

B. Ask students to survey their parents concerning the rule: We must ask a qualified adult whether something is safe to eat or drink. Ask the parents and students to generate a list of "qualified adults" and what substances they are qualified to give to children. Discuss the lists and the reasons for discrepancies.

Specific Outcome: 2. Identify and respect persons who help protect and maintain one's health and safety.

CONTENT	ACTIVITIES
2. Community workers, such as police officers, health professionals, and fire fighters, help maintain community health and safety.	2A. Ask students to survey their parents and older siblings about the ways police officers, health professionals, fire fighters, doctors, nurses, and pharmacists help maintain the health and safety of children. Discuss each adult's role(s) in providing preventive measures and during health emergencies.

Specific Outcome: 3. Identify dangerous situations involving medicines and poisons and appropriate responses to the situations.

CONTENT	ACTIVITIES
3. There are safe and appropriate ways to behave with medicines and poisons. Children can determine instances where people are being responsible in their use of medicines and household products.	3A. Teacher and students identify characteristics of responsible and irresponsible behavior in situations involving medicines and household products. These characteristics are listed on opposite ends of the blackboard (e.g. responsible on far left – irresponsible on far right). Several students are asked to indicate how they would behave. Each child demonstrates his/her rating by moving to some place along the continuum line. Allow students to explain their reasons for assuming their positions. Sample situational statements: A. You have a bad cough and your friend offers you a cough drop – you accept it. B. You are home alone. You see a bottle of children's aspirin. You eat some because they taste good. C. You are in the bathroom alone. You see some pills on the shelf that look like "M & M" candy. You eat them. D. A friend at school has some medicine the doctor gave him/her for his/her stomachache. Your friend offers you some and you take it. E. You have been sick. Your doctor has prescribed some medicine for you. You can't stand the taste of it, so you refuse to take it. Ask students to suggest safe alternate behaviors to each of the situations.

MAJOR OUTCOME E: STUDENT WILL KNOW PERSONALLY RELEVANT AND SATISFYING ALTERNATIVE BEHAVIORS TO ALCOHOL AND DRUG ABUSE. (ALTERNATIVES)

CONTENT / **ACTIVITIES**

Specific Outcome: 1. Identify ways in which people behave in order to meet their needs.

1. People have needs which they attempt to satisfy.

There are five dimensions of interrelated human needs.[1]

Physical

1. To sleep, rest, and exercise
2. To grow and develop
3. To be healthy

Intellectual

1. To think about, learn about, and master a wide range of subjects
2. To collect, store, and use information
3. To develop communication skills

Social

1. To interact with others
2. To make friends
3. To establish meaningful relationships

Emotional

1. To express feelings such as happiness, excitement, and joy
2. To express feelings such as anger, aggression, depression
3. To give and receive love
4. To maintain self-esteem

Spiritual

1. To enjoy beauty
2. To develop a coherent and workable set of values
3. To relate oneself to broad human issues and values.

People choose several different ways to satisfy their needs.

1A. Teacher defines and discusses the term, "Need." Demonstrate the five dimensions of human needs by using examples.

Use questions such as the following to help students classify needs and how they are met:

1. Why do you come to school? (to learn, to think, to play, to be with my friends, because my parents want me to)
2. How do you feel when it is raining on Saturday? (angry, mad, upset, sleepy, depressed, happy, peaceful)
3. How do you feel when it is a beautiful day and you are going on a picnic? (joyful, thankful, excited, exhilarated, hungry, lazy)
4. How do you feel when someone gives you a real compliment? (happy, warm, peaceful, doubtful)
5. How do you feel when you have told the truth when a lie might have made things easier for you at that time? (happy, proud, scared, peaceful, relieved, worried)

B. Ask students to list ten of their favorite activities (behaviors that make them feel good). For each of the ten activities, ask them to identify the need dimension(s) being satisfied and whether they do the activity by themselves or with others.

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[1] *Alcohol Use and Traffic Safety. Vol. II.* (Baltimore, Maryland, Maryland Department of Education, 1974), p. 2.

CONTENT | **ACTIVITIES**

Specific Outcome: 2. Identify appropriate responses to feelings.

2. Appropriate responses to feelings bring satisfaction to the person and are acceptable to those around him/her; inappropriate responses to feelings leave the person dissatisfied and create uncomfortableness with others.

   The appropriateness of one's responses to feelings is defined according to the interaction of three factors:

   - Personality of individual
   - Small group processes
   - Societal norms and customs

2A. Use the following questions to initiate student discussion about ways others help you deal with your feelings:

   - What has someone said or done lately to make you feel good about yourself?
   - What have you said or done recently to make someone else feel good about him/herself?
   - Have you said or done something recently to make someone feel bad about him/herself?
   - What makes you feel good about yourself?
   - Are you proud of something you have done?
   - Do you think it is more important to do something to impress someone or to do something so that you feel good about yourself?

B. Role play various ways people react to their feelings of hate, fear, love, anger, depression, exhilaration.

CONTENT	ACTIVITIES
Specific Outcome: 3. Identify an adult he/she can talk with.	
3. Many adults will be helpers/listeners for children. Adults and children have many of the same needs.	3A. Ask students to identify adult sources that are readily available to them. Each child should identify his/her source(s) within the following groups: Friends, parents, relatives, teachers, neighbors, and possibly church. From this list ask students to choose two people they can talk to about a personal problem. Ask students to identify some situations when it would be wise to talk to someone. B. Review the five need dimensions. Identify ways adults and children satisfy their common needs. Ask students "Who helps adults meet their needs?" and "How do children help adults meet their needs?" and vice versa.

Specific Outcome: 4. Recognize personal interests.

CONTENT

4. People vary in their personal interests.

Some interests we share in common with others, but there are many interests that are unique to individuals.

A person's unique interest does not mean that the person is unacceptable or less worthwhile to know.

All people have some types of mental, physical, and creative abilities.

ACTIVITIES

4A. Listen to the song, *"These Are A Few Of My Favorite Things."* Allow students to take turns naming things that make them feel good and explain why they feel this way.

B. Ask children to rank these groups of interests in order of their preference and to share the reasons with a small group of classmates. Examples:

Cheeseburgers
Family picnics
Fancy restaurant

Television
Birthday party
Playing ball

Bike riding
Skating
Listening to music

C. Students and teacher discuss different types of mental, physical, and creative abilities. Each student constructs "Me" buttons using scraps of various types of materials such as construction paper, tissue paper, string, and fabrics. Each button should be unique since the student represents his/her abilities. The students will then share with others the significance of their "Me" buttons.

MAJOR OUTCOME F: STUDENT WILL BE ABLE TO EMPLOY DECISION MAKING SKILLS TO MAKE RESPONSIBLE DECISIONS RELATIVE TO PERSONAL ALCOHOL AND DRUG USE OR NON-USE. (DECISION MAKING)

CONTENT	ACTIVITIES
Specific Outcome: 1. Demonstrate the use of a problem solving process.	
1. Children attempt to solve several personal issues or problems each day. Children can learn some problem solving skills. One problem solving process includes: (1) Define the problem (2) Gather pertinent data (3) Look at possible choices (4) Examine own values, interests, and needs in relation to choices (5) Consider short- and long-term effects of various choices (6) Rank the choices in order of preference and arrive at a decision (7) Follow through on the decision (8) Evaluate the effects of the action taken	1A. **What Would You Do?** Ask the students to suggest a common problem, one they might have at home or school with peers or siblings. Ask a group of students to role play the problem and its resolution. Discuss how the role players and class feel about the solution. Compare the role play to the problem solving process. What elements were present? What elements were missing?

Specific Outcome: 2. Identify a safe behavior in situations which involve medicines and poisons.

CONTENT

2. Children should feel safe even when encountering strangers in controlled environments such as at home or in school.

   Children should learn to feel safe with professionals such as doctors, police officers, etc.

   Children should learn to avoid contact with strangers in public places, on the street, in stores, in buses and trains, etc.

   Children are faced daily with situations in which they must choose a safe behavior.

   Children do not often consider alternative behaviors or the consequences of their choices.

ACTIVITIES

2A. Students identify choices that they have made during the day which were safe/unsafe. For example: crossing the street, playing "chase" or wrestling while waiting for the bus, riding their bicycles on the street, etc. Ask them what other actions they could have taken and what the likely consequences of each alternative choice might be.

B. **You Decide: Open Ended Stories**

"The Stranger"

You are walking home from school alone, and a car stops near you. You do not know the man who is driving the car, but he smiles and asks you if you want a ride. He says he knows where you live because he has seen you playing in the neighborhood. He says, "Get in. I'll give you a ride."

Questions for students:

- What would you do?
- Are there some family/school rules that apply?
- What else might you do?
- Is the risk of possible harm to yourself a factor in your decision?

Level I
Selected Resources

Books & Booklets

Faüscher, Jane. *One Little Girl.* New York: Behavioral Pub. Laurie is a little girl who does some things fast and some things slow. The story is about her feelings when she was called "slow child" and how the problem was resolved. (Outcome No. A)

Poison Prevention in Kindergartens and Primary Grades. U.S. Department of Health, Education and Welfare. Washington, D.C.: Public Health Service Publication No. 1381, 1965.

Simon, Sidney. *I Am Loveable & Capable.* A story of being put down and how our behaviors affect others. (Outcome No. A)

______ *Super Me, Super You.* National Coordinating Co., Washington, D. C. (Outcome No. A)

Other

First Things. Guidance Associates, Pleasantville, N.Y.: Filmstrips presenting moral dilemmas.

Values Corner Kit. Wayne Paulson. Minneapolis: Winston Press, 1976, (Outcome No. E)

Level II

Grades 4-6

Level II: Developmental Needs and Interests

Grades 4 -6. Students in this developmental level are becoming aware of their increased responsibility for their own behavior and for the decision governing their personal alcohol and drug use that they will make in the near future. Students need to learn the various non-medical roles substances (alcohol and drugs) have in our society. The potential hazards of alcohol and drugs to body systems and overall health should be presented.

Concepts presented in earlier grades about mental health and life coping processes should be further developed. These concepts include how emotions affect behavior, the interactions between feelings and thought processes, the relationship between emotions and body condition, and the effects of self-image on reactions to criticism, praise or prejudice. Discussions and experiential learnings should be planned to develop the topics of problem solving, decision making, understanding behavior, expressing feelings honestly and constructively, active listening, and group belonging and acceptance.

Other sources of information (peers, television, older siblings) begin to challenge parents as sole authority. The sources are often not consistent in the behaviors they encourage. The child will need to learn skills for successfully dealing with disapproval and rejections from significant others.

Motives for not using and using alcohol and drugs should be discussed. Children need to become familiar with the concepts of drug/alcohol dependence, drug/alcohol abuse, and the prevention of substance abuse.

MAJOR OUTCOME A: STUDENT WILL UNDERSTAND THE BASIC FACTORS IN HUMAN BEHAVIOR RELATED TO SUBSTANCE USE: PSYCHOLOGICAL, PHYSIOLOGICAL, SOCIOLOGICAL. (HUMAN BEHAVIOR)

CONTENT

ACTIVITIES

Specific Outcome: 1. Identify ways in which people attempt to meet their needs by using substances.

1. People seldom associate their use of alcohol and other drugs with their needs.

Medicinal substances are generally used to heal injuries, cure or prevent diseases, or to eliminate the **symptoms** of disease (meet physical needs).

Needs that are met by the use of alcohol and other drugs may be satisfied by the use of alternative practices and products.

The use of substances has been associated with meeting the following needs:

Physical
- To ease physical discomfort and pain
- To relieve tension and anxiety
- To satisfy thirst
- To stimulate or depress appetite

Intellectual
- To satisfy curiosity
- To overcome inhibitions to creativity
- To avoid making decisions

Social
- To lessen constraint among strangers
- To celebrate a warm environment
- To create a warm environment
- To comply with others' standards
- To improve business relations

1A. Students answer questions designed to determine their attitudes toward the reasons people give for drinking and abstaining.

Which, if any, of the following are good reasons for drinking alcohol in **moderation?** You may circle more than one.

escape problems
relieve nervousness
tradition
get "high"
like the taste
to celebrate
fun

feel grown-up
pressure from friends
to relax
to be sociable
religious ceremonies
to go against beliefs of parents

Discuss: Are any of the reasons mentioned above related to the five dimensions of human needs? What needs are related to the reasons people give for abstaining from using alcoholic beverages? Are there non-alcoholic methods of satisfying the needs? Why do some people reject alternatives to drinking?

B. Students discuss the following list of reasons presented by drug users for their use of drugs:

- Mental stress from personal, social, family problems
- The appeal of drug effects ("a chemical cure for every ailment")
- Peer group pressure
- Boredom
- Loneliness
- Involvement in drug life styles (conforming behavior)
- Inability of people to (cope) deal with personal problems or social interaction
- A low level of self-esteem

Discuss these reasons as they relate to the five dimensions of human needs. Are there non-drug behaviors which can satisfy the needs? Why do some people reject alternatives to using drugs?

(CONTINUED ON NEXT PAGE)

CONTENT	ACTIVITIES

Emotional
- To reduce loneliness
- To overcome shyness
- To overcome personal disappointment
- To overcome feelings of inferiority
- To cope with anger and frustration
- To rebel against authority
- To gain peer status
- To escape from unpleasant situations
- To enhance pleasant feelings
- To release inhibitions

Spiritual
- To participate in religious rituals
- To celebrate special events
- To try out another life style

Specific Outcome: 2. Identify differences in family practices in the use of alcohol and other drugs.

CONTENT

2. Family and community practices in the use of alcohol and other drugs are based on religious customs, cultural beliefs, family rules, and the family's perception of the social norm.

   Families communicate attitudes and values toward substances to their children.

ACTIVITIES

2A. Students should be informed about survey techniques. Each student is instructed to arrange short interviews with adults in two neighborhood families. Instruct students to not name the people they interviewed. Questions should reflect the following issues:

- What types of alcohol are consumed and when?
- Who is permitted to drink in the family? Why? Where?
- Are there any family rules about drinking?
- What age is reasonable for young people to begin drinking? Why?

Each student returns his/her survey data to the teacher who tabulates the data for each issue. The teacher presents a summary of the class survey. Class discussion should focus on the reasons for differences in family practices.

B. Other research activities might be:

- Interview adults who lived during Prohibition
- Polling people on ethnic attitudes toward alcohol
- Researching attitudes of religious denominations toward alcohol and other drugs
- Attitudes of people from other countries

CONTENT

ACTIVITIES

Specific Outcome: 3. Identify ways that peers might influence one's choice of substance use or non-use.

3. Acceptance is a basic human need. People sometimes do things their peers suggest in order to be accepted and/or recognized.

Peer groups can exert positive or negative influences on their members.

Peers can influence decisions to use or not use substances by using one or more of the following forms of control:

(1) Group norms
(2) Invoking feelings of guilt/shame
(3) Criticism/ridicule
(4) Ostracism
(5) Isolation

There are some personal characteristics which generally help people develop friendship (e.g. respect for others, being helpful, personal sharing, generosity, showing concern, accepting others).

3A. Small group discussion:

- What is a peer? Peer Influence?
- Can you think of a time when you were influenced by your peers to do something?
- Have you ever been persuaded to do something you knew was wrong?
- Do you have beliefs so strong that you would not do as your peers did?
- Have you ever called anyone a name to persuade them to do something?

3B. Small group discussion:

- What is a friend?
- What do you do with your friends that you would not do with others?
- How does it feel to have a friend?
- When might you not want friends?

Discuss with the class how friendships can involve both positive and negative peer influence.

CONTENT	ACTIVITIES
Specific Outcome: 4. Describe advertising techniques used to promote the consumption of alcohol and other drugs.	
4. Advertising attempts to persuade people to buy a product. Advertising techniques include portrayals of a product as meeting some human need(s).	4A. Students and teacher survey Saturday morning television programs for children. In surveying the commercials, identify the products and the need or feeling that the commercials attempt to portray. In class decide if the claims for a product's capacity to satisfy a need or produce a feeling are probable or not. B. List familiar commercials on TV pertaining to medicine/drug products. Have children point out the "make believe" ideas or feelings portrayed (e.g. stomach bug in Pepto-Bismol, hammers in head for Anacin, No. 4607 type headache, etc.) Have children discuss what the different commercials encourage the TV viewer to think and to do. Is this persuasion good or bad? Have children explain their answers.

MAJOR OUTCOME B: STUDENT WILL KNOW IMPARTIAL SCIENTIFIC FACTS ABOUT ALCOHOL AND OTHER DRUGS. (SCIENTIFIC FACTS)

CONTENT

ACTIVITIES

Specific Outcome: 1. Describe the effects of alcohol and commonly misused drugs on body systems.

1. A **drug** is any biologically active agent which when inhaled, ingested, or injected alters the physical or psychological functioning of the individual.

   Any substance which enters the body or comes in contact with it has multiple effects on the body.

   Any substance which can change the physical or psychological processes of the human organism is potentially harmful.

   A specific drug or alcohol can affect individuals in different ways and one person in different ways at different times.

   The amount you take, or variations in dosage, can influence the nature and magnitude of the substance's effect.

   Drugs and alcohol have multiple effects on body systems and the inter-related functions of these systems.

1A. Distribute diagrams of the internal view of the human body. Students trace the passage of alcohol through the body, indicating important points along the way where it can affect organs such as the liver, heart, stomach, brain. Include a discussion of possible short-term and long-term effects of alcohol on the body organs.

B. Using the same diagram of the human body, trace the passage and effects of a common household poison, coffee, sleeping pills, and aspirin.

Discussion questions for activities A and B:

- How do substances get into the body?
- How do substances get to body systems?
- Why do substances affect certain parts of the body more than others?
- How do substances affect the brain, nervous system, heart, blood, and perceptions?
- How does the body get rid of substances?

CONTENT

Specific Outcome: 2. Give examples of substances classified as stimulants, depressants, hallucinogens, narcotics, and volatile substances.

2. Substances may be classified as stimulants, depressants, hallucinogens, narcotics, and volatile substances.

   - Stimulant drugs (i.e. caffeine, nicotine, amphetamines)
   - Depressant drugs (i.e. alcohol, barbiturates, tranquilizers) slow down the work of the central nervous system.
   - Alcohol (ethanol) is a depressant drug.
   - Hallucinogens (i.e. LSD, mescaline, peyote) are mind-distorting agents. They distort the messages of sight, sound, taste, smell, and touch.
   - Narcotics (i.e. codeine, morphine, heroin) are strong pain relieving agents. Narcotics also include some synthetic chemicals that have a morphine-like action, such as methadone.
   - Volatile substances (i.e. airplane glue, paint thinners, and nitrous oxide) contain chemicals such as toulene, acetone, naptha, and ethyl ketone, which are poisonous when taken by mouth. The psychological effects from inhaling the vapors are similar to those of barbiturates and alcohol. Inhaling the vapors of these substances can cause severe harm to the abuser.
   - Marijuana should be classified separately since it does not fit existing classification methods.
   - Mind-altering drugs (psychoactive) are inclusive of all the substances classified above since the substances primarily affect the central nervous system.

ACTIVITIES

2A. Divide class into five working groups. Each group will prepare a definition for one of the categories of substances (stimulants, depressants, narcotics, hallucinogens, volatile substances) and write it as a heading on large pieces of paper. The whole class can participate in listing substances on the appropriate sheet.

Discussion questions related to each substance on the class chart might include:

(a) Origin of the substance (i.e., from plants, synthetic; derived from another drug)
(b) Description of the substance in its original form
(c) Form(s) in which the substance is sold
(d) Medical use, if any
(e) Effects on the mind and body systems
(f) Some slang terms commonly associated with the substance

CONTENT

ACTIVITIES

Specific Outcome: 3. Explain medical uses of commonly used drugs.

3. Medicines are drugs which are specifically developed to cure disease, prevent disease, or reduce their symptoms.

Medicines and drugs include:

(1) Vitamins and minerals for disease (mainly nutritional) prevention.
(2) Vaccinations and immunizations for prevention of specific diseases.
(3) Antibiotics for disease and infection control.
(4) Chemical preparations for disease and infection control.
(5) Stimulants and depressants for control of nervous function.
(6) Preparations which reduce pain, also by control of nervous function.
(7) Substances which help regulate body systems/functions.

3A. Students are asked to list various **types** of drugs such as patent medicines, narcotics, antibiotics, anesthetics, antiseptics, barbiturates, stimulants, and tranquilizers. Students match the **type** of medicine with its function in: physical fitness, malnutrition, respiratory disease, metabolic disorders, emotional difficulties, mental acuity, mental illness, treating injuries, treating infections. Discuss potential dangers of prescribing your own medicines and using a drug for other than its intended purpose.

Specific Outcome: 4. Give examples of the role that drugs played in improving the quality of health.

CONTENT	ACTIVITIES
4. Drugs are beneficial to people when the drugs: prevent infection, prevent premature death, prevent epidemics, decrease infant and maternal mortality rates, ease pain and suffering, aid in surgery, control chronic diseases and disorders.	4A. Suggest student reports on "health heroes" who made medical discoveries which helped to reduce the impact of human diseases. For example, health heroes such as Alexander Fleming (penicillin), Edward Jenner (small pox vaccine), Jonas Salk (poliomyelitis vaccine), and Louis Pastuer (rabies innoculations) developed medicines that dramatically changed the incidence and impact of major diseases. B. Discuss the term antibiotic. Have selected students research and report to the class their findings on streptomycin, auromycin, penicillin, and neomycin. In their reports have them consider: origin of antibiotics, medical use, affect on mortality rates for certain diseases, and effects of the antibiotic on the body and mind (including perhaps the adverse side effects and tendencies to build drug sensitivity).

Specific Outcome: 5. Describe the differences between the terms: a) substance use and abuse and b) prescription and non-prescription drugs.

CONTENT

5. People have many different understandings for words like alcoholic, drugs, prevention, abuse, responsibility.

Substance use refers to the consumption of any quantity of a substance for any purpose.

Substance abuse is variously defined as: (a) the use by self-administration of any substance in a manner that deviates from the accepted social and medical practices within a given community or society; (b) the habitual use by self-administration of any substance to the extent it interferes with the psychological, physical, vocational, or social functioning of the individual.

Drug use under medical prescription may be beneficial for many individuals.

Prescription drugs are made according to the doctor's directions and are prepared by a pharmacist. Medicines which can be purchased without a prescription are called non-prescription drugs.

Drugs can be misused or abused when someone:

- Uses medicine prescribed for someone else
- Takes more than the prescribed or recommended amount
- Does not follow the prescribed or recommended time table
- Uses non-prescription drugs unwisely
- Takes drugs for kicks

With continuous substance use, the individual might become dependent on the drug or alcohol without being conscious of the effect.

ACTIVITIES

5A. Point out the need for the class to have common understanding of terms in order to discuss them.

A. Have students write descriptions of two fictitious people, one of whom they feel is an alcoholic, the second a social drinker. Students in small groups are instructed to:

- Read each other's papers.
- Look for agreement in the description of an alcoholic or a social drinker.
- Arrive at a common definition of words such as abstinence, use, misuse and abuse.

B. Teacher ask class what kind of medicines they are familiar with; i.e., names of medicines they have taken when they were sick, or have seen in their medicine cabinet, or have heard mentioned. Using the list, classify the substances as prescription or non-prescription; their beneficial uses and harmful uses; and what constitutes responsible/irresponsible use.

Classroom discussion questions:

(1) What are the differences between these medicines?
(2) Why are prescriptions necessary?
(3) Does it matter **who** takes the medicine? Why?
(4) Does it matter how much of the medicine is taken? Why?
(5) Under what conditions might a person take the wrong medicine?

Specific Outcome: 6. Define the term alcoholism.

CONTENT

6. An alcoholic is a person who is an excessive drinker. The person's dependence on alcohol has reached such a degree that it noticeably disturbs or interferes with his/her physical or mental health, interpersonal relations, and his/her satisfactory social and economic functioning.

These personal and social characteristics describe alcoholism.

ACTIVITIES

6A. The class should review their definitions of alcohol use, misuse and abuse, and the term abstinence. Present the definition of an alcoholic reported in the content statements. Would the class want to modify this definition?

B. Class discussion: What should my attitude be toward alcoholism?

(a) alcoholics are sick
(b) alcoholics can be helped
(c) alcoholics need greater public assistance and support
(d) alcoholism can be prevented

CONTENT **ACTIVITIES**

Specific Outcome: 7. Explain the statement that alcohol is the major drug of abuse in the United States.

7. Alcohol use and abuse is the number one drug problem in the United States and our third major health problem.

Alcohol use and abuse collectively costs the nation and each state several hundred million dollars each year.

7A. Divide the class into five study groups. Each group should gather information relative to one of the following topics and present the information to the class:

(1) Costs to Iowans of treating alcoholics
(2) Automobile accidents that are alcohol-related
(3) Persons in jail as a result of alcohol-related crimes
(4) Tax revenues and sales volume for alcoholic beverages in Iowa
(5) Alcoholism or problem drinking as a factor in divorce
Optional (6) Alcoholism or alcohol abuse as a factor in child abuse or child neglect

CONTENT

ACTIVITIES

Specific Outcome: 8. **Describe antidotes and emergency procedures to counteract the toxic effects of ingested poisons in household products and aspirin.**

8. Many children die or become very ill each year from accidental overdoses of aspirin, medicines, and non-prescription drugs.

Many children die or are physically harmed from accidental ingestion of household products.

Some conditions under which a person might take the wrong medicine include:

(a) Not reading the label
(b) Taking medicines in the dark
(c) Accepting substances from strangers
(d) Using another person's medicine
(e) Taking medicine from an unlabeled bottle

The Food and Drug Administration requires that antidotes be described on labels of poisonous subtances.

8A. Explain the concept of antidotes and describe first aid procedures to follow in cases of accidental poisoning and overdose.

B. Dramatize a situation in which a four-year-old brother or sister has accidentally ingested aspirin, prescription drugs, or non-prescription drugs. Emphasize procedures to follow in getting help (i.e., call the police department or rescue squad, read the label, determine how much ingested, etc.)

MAJOR OUTCOME C: STUDENT WILL KNOW THE PROBABLE CONSEQUENCES OF ANY ALCOHOL AND DRUG USE TO THE INDIVIDUAL, TO THE FAMILY, AND TO THE COMMUNITY. (CONSEQUENCES)

Specific Outcome: 1. Explain how the misuse of medicines, alcohol, and non-prescription drugs might result in physical harm to oneself.

CONTENT	ACTIVITIES
1. Any substance has potential for physical harm. Misuse of prescription and non-prescription drugs is a dangerous practice. Prolonged use of drugs and alcohol often leads to other health problems for the individual. It is dangerous to experiment with substances or to take them on a dare. Non-prescription drugs, when used with other drugs and/or alcohol, can cause serious interaction effects. Non-prescription drug use is most dangerous when the use masks the symptoms and delays the treatment of a serious illness.	1A. Ask students to list at least three dangers of self-diagnosis and medication. B. Have the class prepare a list of questions about the consequences of substance use. Invite a recovered alcoholic or drug addict to talk to the class about the questions they have prepared.

CONTENT

ACTIVITIES

Specific Outcome: 2. Know that there are legal controls for the use or possession of alcohol and most drugs.

2. The public establishes laws controlling the manufacture, sale, or possession of alcohol and most drugs and violations are punishable by law.

The Food and Drug Administration defines **prescription drugs** as those drugs, medications, and medical devices subject to regulation by physician's prescription which are "habit forming," "toxic," "potentially harmful," or whose "method of use" are not safe except under the supervision of a physician.

Each state is given the right by the 21st Amendment to the Constitution of the United States to determine the method of alcohol control within its own borders.

States control alcohol through:

- Licensing the manufacture and distribution of alcoholic beverages.
- Licensing the sales of alcoholic beverages.
- Laws and ordinances regarding sales, consumption, employment, education, advertisements and promotions, importation, enforcement, and treatment of alcoholics.

States license physicians to prescribe and pharmacists to prepare medicines.

2A. Invite a law enforcement person to talk with the class about the laws and penalties associated with possession, sales, and use of alcohol and "controlled substances."

B. Interview a local bar and/or restaurant owner. During the interview ask the owner to describe the procedures for obtaining and maintaining a license to sell alcoholic beverages. Are there state laws and ordinances controlling to whom he/she might sell alcoholic beverages and the days and hours during which drinks may be sold? Is the owner responsible for injuries to a drunken patron served in his/her business?

CONTENT | **ACTIVITIES**

Specific Outcome: 3. Describe the possibie harm to self from "taking a dare" involving the use of known and unknown substances.

3. Any substance (alcohol or other drugs) has the potential for causing physical harm to the user.

There are no "quality controls" to guarantee the purity or effects of any drug sold "on the streets."

There are no guarantees that a substance offered to a young person is indeed what it is purported to be.

Trial and error learning about substances is an inaccurate and dangerous method.

The possible risks to self from using known and unknown substances are:

- Injury to self/others
- Legal action
- Loss of self-esteem
- Loss of respect from family
- Loss of respect from peers
- Feelings of guilt/shame

3A. Role play scenes in which parents discover that their son or daughter is drinking or is drunk. After each role play, ask the actors to discuss the feelings which they had while role playing. Invite discussion from the class on the different ways each might have been played.

Parent – You have just found your 12-year-old son in the park at 9:30 p.m. drinking beer with two friends. A neighbor called to let you know about it. At home you have allowed him to drink a glass of beer on occasion, but that is all. You get out of your car and walk over to him. What, if anything, do you say and/or do?

Son – Your parents have allowed you to drink a glass of beer on occasion, but you wanted to see what it would be like to drink more. You persuaded a friend to get some beer from his older brother. You have been sitting in the park drinking since 7 p.m. You are drinking your fourth can of beer and feeling slightly drunk. Suddenly, your father walks up to you. What, if anything, do you say or do?

Discuss the possible harm to self for the son and the possible harm to self of the father. What other risks were involved?

B. Conduct a class voting with these options (OK behavior, in-between, not OK behavior) with some short situation statements. Allow time for students to explain their positions. How many people think it is OK? In-between? Not OK? to do:

- On your way home from school you find some pills on the sidewalk. Your friends dare you to eat some. You eat one of the pills.
- You have a pain in your stomach. A friend at school has some medicine the doctor prescribed for his/her stomach pain. Your friend offers you some and you take it.
- Two high school students who live in your neighborhood offer you some beer. You say "No thanks."

Specific Outcome: 4. Identify the possible benefits of using alcohol and other drugs.

4. Substances can be beneficial to people by preventing or controlling diseases or by making it possible for them to participate in the typical world.

Many substances have legitimate medical uses.

Some substances are used by people to deal with tension, anxiety, and stress; at best, the substance use offers short-term relief.

4A. Work with the class to generate lists of reasons why people would and would not use each of the following substances: alcohol, marijuana, aspirin, and antibiotics. As a class go through each of the lists to determine which reasons are detrimental and which are beneficial to the user. Ask students to explain some of their reasons. For example: alcohol use

Benefits

relaxation
stimulation
acceptance by peer group
social status
sign of adulthood
pleasure
escape from stress

Detriments

organic effects
non-nutritive
possibility of death
costs a lot of money
possible loss of judgment
danger of becoming an alcoholic
possible loss of friends
possible loss of family
risk of accidents
possible loss of job

MAJOR OUTCOME D: STUDENT WILL KNOW THAT THE INDIVIDUAL, HIS OR HER FAMILY, AND THE COMMUNITY HAVE INTERRELATED RESPONSIBILITIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE. PREVENTION

Specific Outcome: 1. List ways society tries to prevent individuals from becoming abusers of alcohol and drugs.

CONTENT

1. People decide to use or not use substances for a wide variety of reasons.

Society attempts to prevent individuals from becoming substance abusers through:

(1) Federal, state, and local laws governing the sale, manufacture, and distribution of legal and illegal substances.
(2) Law enforcement agencies which carry out laws.
(3) Establishing court systems to prosecute offenders.
(4) Provision of rehabilitation and treatment services for substance dependent people.
(5) Provision of preventive educational services.
(6) Reliance on voluntary compliance with laws, rules, and regulations.
(7) Provision of services for young people with family problems.
(8) Provision of youth and adult support groups such as Alateen, Alcoholics Anonymous, Synanon, etc.
(9) Establishing social norms governing substance use or non-use.

ACTIVITIES

1A. Teacher review definitions of substance use and abuse with the class.

B. Ask students to write responses to scenarios in which they play "Dear Abby" in response to a letter about a family alcohol problem and a family drug problem.

Direct small groups to listen to each student's replies. Within the group discuss the best response and why. The teacher summarizes student replies and relates them to content statements.

Dear Abby:

- My father frequently goes on drinking sprees, some of which last for several days. When he's not drinking he is kind and generous. But when he drinks too much he is mean, sloppy, and sometimes violent. He sometimes spends so much on liquor that the family has to do without much food. What can I do? I am . . . .years old.

Signed,
Confused

How will you respond?

CONTENT	ACTIVITIES

Specific Outcome: 2. Explain the role of laws, rules, and regulations in the prevention of substance abuse.

2. Production, distribution, and sale of medicines, cosmetics, and alcohol are regulated by Federal and State laws.

Laws, regulations, and rules are intended to insure the safety and well-being of the population.

These formal controls are intended to discourage the misuse or abuse of alcohol and other drugs.

Laws and regulations have the following general effects on the use and abuse of substances.

- They make some drugs (alcohol and non-prescription drugs) legal and easily available.
- They control the age of the purchaser of substances.
- They attempt to control the availability of illegal drugs.
- Some laws and regulations are not consistently enforced or uniformly applied.
- They attempt to deter the use and abuse of illegal drugs.
- They provide millions of dollars for the enforcement of drug laws and the prosecution of offenders.
- They provide several million dollars for the treatment and rehabilitation of chemically dependent people.
- They give authority to physicians and pharmacists only to prescribe and prepare medications.

2A. Ask students to verbally identify the person or agency responsible for:

- Making safe drugs
- Writing prescriptions
- Filling prescriptions
- Reading labels and following directions
- Keeping drugs in a safe place
- Administering drugs to children (medicines)
- Purchase of non-prescription drugs
- Sale of alcoholic beverages
- Treatment of alcohol or drug abusers
- Enforcing laws concerning the sale, use, or possession of "controlled substances."
- Establishing personal attitudes toward alcohol and toward illegal drugs.

CONTENT **ACTIVITIES**

Specific Outcome: 3. Identify ways to prevent oneself from misusing or abusing alcohol and drugs.

3. An individual can take action to:

- L[illegible]g and maintain a healthy body.
- L[illegible] to get along with other people.
- Decide upon personal values and goals in life and to seek to achieve them.
- Know sources of help for substance use problems.
- Know sources of help for personal problems.
- Seek personally satisfying non-chemical alternatives.
- Learn to make responsible decisions.
- Critically analyze information on television, in newspapers, in magazines, and films about substances.
- Have a sound base of information about substances and their effects.

3A. Discuss with the class the individual's responsibility for the prevention of substance abuse.

B. As a class, brainstorm ways by which an individual can prevent him/herself from becoming a substance abuser.

CONTENT **ACTIVITIES**

Specific Outcome: 4. Identify personal attitudes related to substance use and to substance abuse.

4. Young people need to become aware of their attitudes and values in order to make responsible decisions about substance non-use or use.

4A. Conduct a class vote in which students are presented with three options (agree, unsure, and disagree). Students are presented with the following statements related to the use or non-use of alcohol **(Students are allowed the privilege to "pass")**:

- There are good reasons for drinking alcohol.
- There are no good reasons for getting drunk.
- There are good reasons for never drinking alcohol.
- There's something wrong with people who never drink.
- People who don't drink and say it's because they don't like the taste are really just afraid to drink.
- It's really difficult to have a good party unless people have a few drinks in them.
- There are good reasons for teen-agers to drink.

Discuss the right of people to abstain from alcohol use. What does the term "tolerance of other people's behavior" mean? Can you think of ways by which parties and other social gatherings can be planned and conducted so that the preference of some people to abstain or responsibly use alcohol can be honored?

CONTENT | **ACTIVITIES**

Specific Outcome: 5. Identify the community services available to help with alcohol and drug problems.

CONTENT

5. Many public agencies and private organizations provide services for people (including families) with drug and alcohol problems.

Young people are not often aware of the resources available to them in their communities.

Young people would most often go to their peers and then to their families for help in dealing with their alcohol/drug problems.

ACTIVITIES

5A. Class discussion questions:

- Where can chemically dependent people get counseling and treatment in your community? Within fifty miles of school?
- Where can husbands/wives and children get help for their problems related to a chemically dependent family member?

B. Students generate a list of names of people or agencies that a person might contact to seek answers to drug/alcohol questions. Ask students to individually respond to the following questions by identifying the resource person or agency:

- Who would you rather talk with about your own alcohol/drug problem?
- Who would you rather talk to about your friend who has a drug/alcohol problem?
- Who would you trust to give you truthful information about alcohol and drugs?
- Who would probably know the laws concerning marijuana?
- Who is probably best trained to help people solve their personal problems?
- Who probably knows most about what a certain drug does to the human body?

MAJOR OUTCOME E: STUDENT WILL KNOW PERSONALLY RELEVANT AND SATISFYING ALTERNATIVE BEHAVIORS TO ALCOHOL AND DRUG ABUSE. (ALTERNATIVES)

CONTENT

Specific Outcome: 1. Identify ways by which people meet their needs without using substances (the alternatives concept).

1. Childhood can be a period of great joy.

Children can learn to be "turned on" by using their senses in relation to familiar surroundings and everyday events.

Some young people do not realize that there are alternative ways for meeting their needs.

Many people do **not** choose to use alcohol or other drugs because they perceive that they have "better things to do." They perceive the "better things to do" as more stimulating (needs satisfying) than using substances.

Some more stimulating alternatives include:

- Enjoying one's friends or family
- Learning a new skill
- Taking a vacation trip
- Playing a game
- Going fishing or hunting
- Helping other people
- Working on a hobby

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ACTIVITIES

1A. Design a **Joy Box**. Decorate it, both on the inside and outside, with a collage of pictures children enjoy most. Place this box somewhere in the room. For one week have each child place in the box slips of paper expressing those things he/she has enjoyed each day. At the end of the week, read the slips of paper that express those things they enjoy. Then discuss such questions as:

- How are these things you enjoy different from those things others enjoy?
- How are they alike?
- How is the feeling of joy related to meeting your needs?

Discuss reasons why some children might have no enjoyable experiences to report?

- How can you give joy to another person?
- How can you give joy to yourself?

B. **Enjoy Journal** Ask students to keep a daily journal for one week in which they complete the following open-ended statements:

- I enjoy going to . . .
- I enjoy tasting . . .
- I enjoy touching . . .
- I enjoy seeing . . .
- I enjoy hearing . . .
- I enjoy doing . . .
- I enjoy feeling . . .
- I enjoy watching . . .

Divide the class into small groups so that each student might share his/her enjoy statements. Ask students to describe the sensory experiences that they most enjoyed.

As a total class review some of the sensory effects of alcohol, depressants, and stimulants. Ask students to review their **Enjoy Journals** and consider how each enjoyable sensation might be distorted by using each type of substance. Encourage students to share their observations with the total class.

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CONTENT	ACTIVITIES
Specific Outcome: 2. Identify alternative activities afforded through community agencies and programs.	
2. A community does offer some agencies and programs that meet youth needs for new experiences, adventure, self-understanding and development, accomplishment, belonging, feeling important, and discovering new abilities.	2A. Distribute a list of needs to each student in class. Ask them to identify agencies or programs which might help them meet their needs (e.g. intellectual needs: school, library, museum, etc.). Reproduce the original list on the blackboard and ask students to identify their selection of agencies/programs. Some agencies are unfamiliar to most students. Ask some selected students to interview personnel at the agency and report back to class. B. From the information gathered in activity 2A, develop a directory of alternative activities and programs available to people in your community.

Specific Outcome: 3. Identify alternative activities afforded within the school environment.

CONTENT	ACTIVITIES
3. A school does offer many opportunities for young people to meet their needs.	3A. Distribute a list of needs to each student in class. Ask them to identify school activities, classes, programs, and services which might help them meet their needs. Reproduce the original list on the blackboard and ask students to identify their matches of elements of the school environment with needs.

MAJOR OUTCOME F: STUDENT WILL BE ABLE TO EMPLOY DECISION MAKING SKILLS TO MAKE RESPONSIBLE DECISIONS RELATIVE TO PERSONAL ALCOHOL AND DRUG USE OR NON-USE. (DECISION MAKING)

Specific Outcome: 1. Demonstrate the decision making process in relationship to the use of medicines, alcohol and other drugs.

CONTENT

1. Every person must make many decisions, yet few people are taught a decision making process and how to use it.

Conscious use of the decision making process can increase personal happiness, satisfaction, and self-esteem.

Decision making is a learned process. The process must be practiced to be learned.

Maturity is a process of becoming accountable for oneself; of making one's own decisions; and of accepting the consequences of one's behavior.

A six point test has been developed by Dr. Harry Emerson Fosdick[2] which reflects upon one's value system and facilitates decision making. The six points are:

(A) Does the course of action you plan to follow seem sensible and honorable to you? If it does, it is probably right.
(B) Does it pass the test of sportsmanship? In other words, if everyone followed this same course of action, would the results be beneficial for all?
(C) Where will your plan of action lead? How will it affect others? What will it do for you?
(D) Will you think well of yourself when you look back at what you have done?
(E) Try to separate yourself from the problem. Pretend for a moment that it is the problem of the person you most admire. Ask yourself, "How would that person handle it?"
(F) Hold up the final decision to the glaring light of publicity. Would you want your family and friends to know what you have done? The decisions we make, in the hope that no one will find out, are usually wrong.

ACTIVITIES

1A. Two open-ended stories are presented in class and students collectively discuss their responses according to three aspects of decision making (considering the alternatives, weighing the consequences of each alternative, and choosing from alternatives).

Temptation. One of the neighbor's children is about your age. You are at his/her home and his/her parents are not home. Nobody is in the house except you and your neighborhood friend. The neighbor friend goes into the refrigerator and takes out a can of beer. He/she says to you, "Do you want some?"

A Headache. You mother went next door for a few minutes to visit the neighbor. You have a headache. You know exactly where the aspirin are kept because you have seen your mother and father take them. You can't read the label but you know what the aspirin bottle looks like.

B. Each student is given a copy of the six points presented by Dr. Harry Emerson Fosdick. Using the stories presented in 1A ask each student to examine his/her decisions for each story in relation to the points on the handout. Ask students to share their decisions and observations related to the handout with the class.

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[2] Harry Emerson Fosdick. *Decision Making: Teacher Activity Package, Grades 2 – 6.* (Appleton, Wisconsin: Cooperative Educational Service Agency, 1973), Number Eight, p. 3.

Specific Outcome: 2. List the reasons why a person might or might not make the decision to use alcoholic beverages.

CONTENT	ACTIVITIES
2. Review information generated in other sections about motives for substance use and non-use. Substance users and abusers have frequently given as reasons for their use behaviors: (1) To find temporary relief from tension and frustration (2) To escape problems (3) To compensate for feelings of depression, inadequacy, and insecurity	2A. Students are given the following written instructions: A new law has just made it legal for anyone to drink as much alcohol as they want at any age. Your parents have just told you that whether you drink or not and how much you drink is completely up to you. Will you now do any drinking or any more drinking or drink more openly? If you will, why will you? If you won't, why won't you? Upon completion, the class breaks into small groups and students are given written instructions to discuss which they think are good reasons for deciding not to drink or to drink. Why are these good reasons? Groups report their conclusions to the class and respond to comments and questions from the class and teacher.

Specific Outcome: 3. Describe the application of a problem solving process as a non-chemical method of dealing with personal problems.

CONTENT

3. Problem solving is a process for dealing with unmet needs or conflicts.

Actions taken by oneself or in cooperation with others can help to resolve personal problems.

Actions which can be undertaken by a child:

- Seeking and offering help
- Following recommendations of qualified advisors
- Developing compensatory interests and skills
- Exploring new ways of dealing with problems
- Recognizing and responding appropriately to "warning signals" imposed by the problem
- Setting and working toward new goals
- Taking time to reflect and reassess
- Realizing that problem resolution is difficult.

Actions undertaken by child with the help of others.

- Being receptive to the advise of qualified advisors
- Gaining new understanding of and perspective of the problem
- Assessing progress periodically and redefining goals
- Letting other people help you when dependence is necessary
- Borrowing from the experience, skills, and faith of others

A problem solving process involves:

(1) Defining the problem
(2) Gathering pertinent data
(3) Looking in at possible responses
(4) Examining own values, interests, and needs in relation to possible responses
(5) Considering short- and long-term effects of various responses
(6) Ranking the possible responses in order of preference and arriving at a decision
(7) Following through on the decision
(8) Evaluating the effects of the action taken.

ACTIVITIES

3A. **Others Feel Pressures Too.** To help students gain more insight into daily pressures of others, ask them to interview a cross section of parents or guardians, teachers, and other students to find out what these people consider to be their everyday pressures. Additionally, students should ask these people how they deal with the pressures. Then ask students to form a panel and discuss those pressures that are common to parents or guardians, teachers, and students, exploring ways to minimize the pressures of each group. Discuss with the class the relationship between "pressures" and personal problems. How many people applied a problem solving approach to deal with their pressures?

B. Have the children experience a "problem" in the classroom (e.g. blindfold the students for thirty minutes and carry on class as usual during the period). After the experience discuss how different people coped. What methods did they use to deal with their problem? What needs were not being met? What does frustration feel like?

Level II
Selected Resources

Pamphlets

"Alcohol Do You Know Enough About It?" Addiction Research Foundation, Toronto (Outcome No. B)

"Drinking Myths", U.S. Jaycees, Tulsa, Oklahoma, (Outcome No. B)

"Drugs A Primer For Young People", Phoenix, Arizona: Do It Now Foundation, 1971. (Outcome No. B)

"Questions & Answers About Drug Abuse", U.S. Government Printing Office, 1973. (Outcome No. B)

'What Everyone Should Know About Alcohol", Greenfield, Mass: Channing Bete Co., (Outcome No. B)

"What Everyone Should Know About Drugs", Greenfield, Mass., Channing Bete Co., (Outcome No. B)

Books And Booklets – Curriculum

Finn, Peter and Platt, Judith. *Alcohol & Alcohol Safety: A Curriculum Manual For Junior High Level: A Teacher's Activities Guide.* U.S. Government Printing Office. (Classroom activities).

Hammer, Earl. *You Can't Get There From Here.* New York: Random House, Inc. Novel about a boy who spends a day in New York City trying to find his father who is an alcoholic.

Milgram, Gail C. *What Is Alcohol? Why Do People Drink?* Brunswick, New Jersey: Center of Alcohol Studies, Rutgers University. Presents reasons why it is important to learn about alcohol. Diagrams, photographs.

Simon, Sidney, *I Am Lovable And Capable.* Niles, Illinois: Argus Communications. A story of what it does to a person when he or she is put down.

Other

Bread and Butterflies. Iowa Public Broadcasting Network. A classroom television series which reinforces career education. Nine programs from the series are directly related to outcomes presented in this guide.

Inside/Out. Iowa Public Broadcasting Network. A classroom television series presenting social and personal situations which confront elementary children. Designed to be used with follow-up discussion and activities. Thirty-three titles.

Jackson Junior High. Cambridge, Mass: Abt Associates. A film series for grades 5 through 8 on alcohol education. Teachers manual and student booklet. Four titles.

Paulson, Wayne. *Deciding For Myself.* Minneapolis: Winston Press. A values clarification package.

Level III

Grades 7-9

Level III: Developmental Needs and Interests

Grades 7–9. Junior high school students are caught in the confusion of early adolescence. They are in search of ways to gain emotional independence from the family; to achieve an individual identity and some consistency in personal values; to achieve a mature sexual identity and to understand the roles of "adolescents" and "adults" in our society. The emphasis in school programs should be toward developing self-understanding and effective life coping skills.

Discussions should be directed toward understanding the complex nature of an individual's behavior. The concept that human behavior is a response to meeting one's emotional, social, intellectual, moral, or physical needs should be developed. Students should understand how needs conflicts are related to their particular developmental concerns. The roles of family, peers and social institutions in influencing the individual's behavior and values should be explored. The personal and social controls on alcohol and drug use should be discussed within this behavioral context.

Junior high students should recognize how emotional conflicts, unsatisfied needs and unrealistic expectations of self and others can cause developmental problems. Life coping processes should be discussed in relation to these topics. Positive problem solving responses include identifying the real problems, gathering facts and opinions, consideration of alternatives and consequences, and dealing with less than perfect solutions. Classroom experiences should reinforce constructive coping processes.

Student understandings of social development should include the respect of the rights and feelings of others, being dependable and reliable, and assuming the responsibility for one's behavior. The ability to think and to make decisions as a member of a group is part of social development. How one's self-concept and values affects behavior in groups should be discussed. Peer pressure to use alcohol and drugs should be related to these aspects of social development.

Alcohol and drug use should be discussed as human behavior resulting from diverse motivations. Examination of these motivations should include non-chemical alternative behaviors for meeting one's needs or resolving personal problems.

MAJOR OUTCOME A: STUDENT WILL UNDERSTAND THE BASIC FACTORS IN HUMAN BEHAVIOR RELATED TO SUBSTANCE USE: PSYCHOLOGICAL, PHYSIOLOGICAL, SOCIOLOGICAL. (HUMAN BEHAVIOR)

Specific Outcome: 1. Describe methods used by adolescents to satisfy their needs.

CONTENT

1. Individuals within the adolescent stage of development attempt to satisfy the same needs in different ways.

Adolescents seek fulfillment of many of the following needs:

(a) General feeling of well-being and physical relaxation.
(b) Expansion of physical senses – intensification or enrichment of sensory input.
(c) Psychological and emotional experience, especially that which occurs within a personality.
(d) Interpersonal relations, acceptance in groups, feelings of communication among individuals.
(e) Experience of mental and intellectual processes, such as thoughts, ideas, problem solving, etc.
(f) Artistic creativity, the performance or aesthetic appreciation or experience of creative works or artistic phenomena.
(g) Styles of behavior and attitudes, especially cognitive styles, cultural styles, and life styles.
(h) Experiences generated by identification with or involvement in social causes or political movements.
(i) Experience of a guiding philosophy of life.
(j) Personal identity, including goals, purpose, and values.
(k) Experiences with religious, spiritual, or mystical characteristics
(l) Need for risk taking, adventure, exploration.

Each person responds to his/her needs with some type of behavior; some responses are constructive and some are self-defeating.

Young people can learn growth facilitating ways of dealing with developmental concerns such as alcohol and drug use, peer pressure independence/dependence, failure, sexuality, etc. Life coping skills are methods of dealing with developmental concerns. Examples of life coping skills are decision making, confronting, risking, asserting, experimenting, withdrawing, fantasizing, valuing, and understanding defense mechanisms.

ACTIVITIES

1A. Teacher and students can generate a comparable list of needs or the teacher can reproduce the list for the students. Ask students to brainstorm possible actions which teen-agers might employ to fulfill these needs. From these lists, ask students to indicate which methods they personally use. Discussion should contrast the more comprehensive list of the class with their more restricted personal lists. Ask students to identify sources and forms of control which might limit their ability to fulfill their needs.

OR

B. Review with the class the five dimensions of interrelated human needs (physical, intellectual, spiritual, social, emotional). Ask them to identify specific developmental needs within each dimension that are characteristic of adolescents (e.g. Social: peer group acceptance). Brainstorm ways that adolescents attempt to meet their developmental needs.

CONTENT

ACTIVITIES

Specific Outcome: 2. Identify examples of peer influence on decisions to use or not use substances.

2. Peer pressure is a very strong force in determining one's choice of behavior.

Peer group acceptance is a strong need for most teen-agers, the peer group can control behavior by use of ostracism or ridicule.

Some people are willing to forego personal values and beliefs to belong to a certain group.

Students need to become aware that they have both a need for group membership and a need for individuality.

2A. Have students explain why they associate with a particular peer group. What is expected of the members of the group? Are dress, behavior, appearance, and attitudes related to peer group acceptance? Discuss the following:

- What are the desirable features of belonging to a peer group?
- What are the undesirable features of belonging to a peer group?
- Do parents, teachers, and other adults belong to a peer group?
- How can a person deal with a peer group when they want him/her to do something that is counter to the individual's values?

B. Ask small groups of students to make a chart to list reasons why someone might pressure someone else (to abstain, to drink, to get drunk, to use unknown pills). Discuss and record whether individuals who exert pressure can be discouraged or resisted; if so, how?

CONTENT **ACTIVITIES**

Specific Outcome: 3. Identify the influence of the family on decisions to use or not use substances.

3. The family (parents and siblings) communicates its attitudes toward alcohol and other drugs verbally and non-verbally and through its behavior toward alcohol and drugs.

Most low-risk groups of drinkers have come from families where:

- If they drink, parents present a constant example of drinking responsibility and in moderation. They teach by example.
- "Ground rules" for using alcohol – or not using it – are well established in the family, agreed upon by all.
- Excessive drinking is not acceptable to the family. Over-indulgence is not looked upon as comical or responsible.
- Drinking is considered by parents to have no moral importance. To them, it's neither virtuous nor evil.
- Drinking is not viewed as an escape, a proof of adult status, or anything else.
- Drinking is not engaged in for its own sake, but as a part of other activities.
- No pressure is placed on a family member or a guest to drink.
- No social significance is attached to a person saying, "No, thank you. I don't drink."

3A. Discuss responsible drinking. Ask students to establish the ground rules for using alcohol (or other substances) they would follow if they were grown up in their own home.

3B. Identify a space in the classroom where students can stand along a line. One end of the line is called "No Alcohol" and the other end is called "Alcohol Anytime."

Students are asked to take a position along the line, or continuum, which most nearly represents how they want alcohol to be in their lives. Allow students to talk about their position. Have them move to the position they think their parents would take; consider the reasons for differences or similarities.

CONTENT **ACTIVITIES**

Specific Outcome: 4. Identify the roles of mass media and advertising in influencing decisions about substance use or non-use.

4. Advertising, media, music, and fashion often portray alcohol and other drugs as part of the "good life."

Media messages portray specific substances as meeting some human needs.

Media messages often distort reality as to who uses substances and how often substances are used.

Media messages are often designed to appeal to the following needs:

A. **Physical** (fitness, relaxation, beauty/appearance, sexuality)
B. **Intellectual** (curiosity, adventure, aspirations, achievement)
C. **Social** (status, esteem, success, acceptance, attractiveness to opposite sex, identification, hero worship, conformity to custom, fashion or accepted ideas of others, individuality, facility in talking with others, reinforcement of sex role stereotypes)
D. **Emotional** (security, self-expression, being loved, reinforcement, self-esteem, sexual identity, guilt)
E. **Spiritual** (appeal to values, reinforcement of beliefs and attitudes, improvement of the quality of life)

4A. Ask students to complete the following attitude survey by marking Agree – Unsure – Disagree with each item:

(1) Alcohol companies shouldn't be allowed to advertise their products at all.
(2) Alcohol companies should not be allowed to advertise beer/wine on television.
(3) Drug companies shouldn't be allowed to advertise their products at all.
(4) Drug companies should not be allowed to advertise non-prescription drugs on television.
(5) Television programs have stimulated drug use.
(6) The recording industry has promoted the use of alcohol and drugs.

Ask students who "agree" with the role of advertising suggested in the survey to explain their positions; those who disagree should also be given a chance to explain their positions.

B. Students volunteer to keep a detailed written list of their exposures to alcohol for two days. Examples of types of exposure are:

(1) Advertisements on TV, radio, billboards, or newspaper
(2) Liquor stores and bars
(3) References to alcohol in conversations
(4) People drinking in reality or in movies or on TV
(5) News accounts of alcohol related accidents.

After collecting exposure references, students report to the class. The class then discusses what influence such exposure probably has on children, teen-agers, and adults and why, and whether people who have different exposure experiences may end up with different attitudes toward alcohol.

Specific Outcome: 5. Identify the internal (self) controls which a person can apply to decisions about substance use or non-use.

5. The individual's decision to use or not use alcohol and/or other drugs can be viewed in terms of: safety to self/others, health and welfare of self/others, and possible alternative ways of meeting needs.

Alcohol and drugs may have positive or negative effects on people's behavior and well-being. Adolescents choose to not use or to use substances on the basis of their perceptions of the risks and gains of the behavior.

For example, substances might be perceived to have **positive effects** such as:

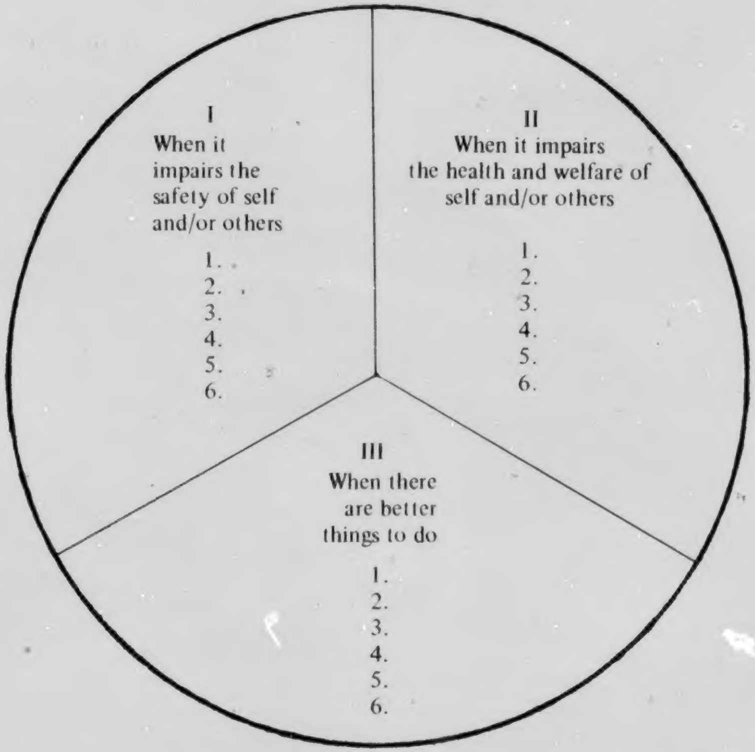
(a) Enhanced interpersonal relations
(b) Increased self-esteem
(c) Optimal ability to coordinate motor skills
(d) Enhanced awareness or perception of environment
(e) Increased physical well-being
(f) Reduced feelings of anxiety or stress
(g) Pleasure, it feels good

For example, substances might be perceived to have **negative effects** such as:

(a) Decreased quality of interpersonal relations
(b) Deterioration of motor coordination
(c) Decreased awareness and perception of the environment
(d) Damaged self-esteem
(e) Masking other problems that should be resolved
(f) Frustration if expectations do not meet needs
(g) A deterioration of physical health
(h) Interference with satisfying other needs
(i) Use behavior conflicts with personal and/or family values

5A. Elicit from students situations in which people who sometimes drink, chose **not** to drink. Record the learner's responses under the appropriate heading on a large circle graph. Display the graph in the classroom. Discuss with the class: Who controls these decisions?

REASONS FOR DECIDING NOT TO DRINK ALCOHOL


I
When it impairs the safety of self and/or others
1.
2.
3.
4.
5.
6.
II
When it impairs the health and welfare of self and/or others
1.
2.
3.
4.
5.
6.
III
When there are better things to do
1.
2.
3.
4.
5.
6.

(CONTINUED ON NEXT PAGE)

CONTENT

The individual is influenced in his/her non-use, use, and abuse of substances by several different external source of control:

- Family and other admired adults
- Community groups
- Peer groups
- Legal authorities
- Manufacturers
- Media
- Church

The above sources of control are external to the individual, but they do attempt to influence the person's choice of substance, the amount and frequency of use, the age of onset, and the setting in which the substance is used.

Substance abuse is usually blamed on, or rationalized with something outside the user him/herself i.e., schools, parents, peers, etc. and to agree with these topics is to deny that people have internal sources of control over their behavior.

People can use life coping skills to constructively deal with their problems and frustrations and to satisfy their needs. Personal coping skills are the internal source of control.[3]

ACTIVITIES

B. Reproduce the list of content statements describing perceived positive effects and negative effects of substance use. Ask students to compare this list with their knowledge of the effects of alcohol, marijuana, amphetamines, and barbiturates. Ask each student to individually complete a report card for use and abuse of each substance. For example, the use of alcohol might be evaluated as follows:

Subject: Interpersonal Relations

A	B	C	D	E
Improve interpersonal relations				Decrease the quality of interpersonal relations

Subject: Self-Esteem

A	B	C	D	E
Increase self-esteem				Damage self-esteem

Have small groups collect grade sheets from their classmates. One small group would compute the average grade for each "subject" and the cumulative grade point average for one condition, i.e. the abuse of marijuana. Discuss the results with the class in terms of their perceptions of the risks and gains for self in each condition.

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[3] The Self, Inc. series (15 programs) is broadcast over the Iowa Public Broadcasting Network. The entire series and teacher guides is designed to assist junior high school students to develop life coping skills. Use of these materials is recommended as readily accessible teaching content and activities.

MAJOR OUTCOME B: STUDENT WILL KNOW IMPARTIAL SCIENTIFIC FACTS ABOUT ALCOHOL AND OTHER DRUGS. (SCIENTIFIC FACTS)

Specific Outcome: 1. Classify substances according to their physiological and psychological effects.

CONTENT

1. Substances may be classified as stimulants, depressants, hallucinogens, narcotics, or volatile substances.

Marijuana and its derivatives are classified separately.

The effects of drugs and alcohol vary widely according to such factors as mind set, the setting, previous experience, body tolerance, amount ingested, and the concentration of active ingredients.

All substances are potentially dangerous. Any substance which can alter the physical or psychological processes of the human organism is potentially dangerous and is subject to misuse and abuse.

Physical and/or psychological dependence may arise from continuous or repeated use of alcohol and other drugs.

ACTIVITIES

1A. The teacher and students should brainstorm a list of thirty commonly used drugs and alcoholic beverages. From this list the teacher asks students to help categorize these substances according to their effects.

The activity can be further developed to include: (1) Students may be asked to name the two most dangerous substances on the list to one's physical health and the two substances most dangerous to one's mental health. (2) Students may be asked if each class of drugs has a beneficial use, and, if so, what their uses are.

B. Have the class organize itself into six groups and ask each group to research one classification[4] of substances (including marijuana as a separate class). Ask each group to develop a report to the class which includes the following information:

(1) Origin of the substances within a classification
(2) Forms in which the substances are sold
(3) Medical use of the substances
(4) Physical and psychological effects
(5) Possible harm from use/abuse
(6) Slang terms commonly associated with the substance
(7) Likely composition of the substance as sold "on the street"
(8) Legal restrictions and penalties
(9) Possible harm to self if used in combination with alcohol and other drugs

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[4] Alcohol is classified as a depressant drug.

Specific Outcome: 2. **Discuss the concepts of drug allergies and drug side effects.**

CONTENT

2. Some people have immunity to or are resistant to the effects of some poisons and medicines; other people are very susceptible to their possible harmful effects.

An **allergy** is any abnormal reaction or hypersensitivity to a specific substance.

Many times adverse reactions to drugs are really a reaction to substances with which the drug is mixed or combined.

Medical professionals must be especially aware of a patient's allergies in prescribing drugs.

Medically, a **side-effect** is a result of drug therapy in addition to or in an extension of the desired therapeutic effect.

With many drugs of abuse, the "rush," euphoria, hallucinations, distorted perceptions, etc. might be the desired "side-effects" of the drug.

Sometimes the "side-effects" of these drugs are quite harmful resulting in death from depression or over-stimulation of vital processes or resulting in mental or emotional disturbance.

The drug side-effects or drug allergic responses are impossible to predict accurately for any individual using drugs purchased "on the street."

From three to five percent of all U.S. hospital admissions result from drug reactions to prescribed medicines.

ACTIVITIES

2A. Select students to interview a physician or pharmacist and report back to the class information about the possible side-effects of and allergic reactions to (1) antibiotics and (2) antihistamines. Ask the professional what dangers are present in using these substances in combination with other drugs and alcohol.

B. Ask students to relate personal experiences with adverse reactions to a drug such as sulfa drugs, penicillin, aspirin and immunizations. Why was the drug taken? What were the adverse effects? How did the doctor treat the undesirable reaction?

CONTENT **ACTIVITIES**

Specific Outcome: 3. Identify the differences between prescription and non-prescription drugs.

3. Medicines can be divided into prescription and non-prescription categories.

Non-Prescription Drugs:

- There are thousands of non-prescription drugs that most people can use safely to relieve minor **symptoms** for a short period of time.
- Non-prescription drugs are not intended to cure diseases only to temporarily relieve discomfort.
- When using non-prescription drugs, the consumer must rely on the information on the label and possibly the advice of the pharmacist.
- Information on the label can assist the consumer to choose the appropriate drug for the symptoms; understand conditions under which the drug should not be taken; directions for the correct use; and possible side effects.
- There is **always** a danger of adverse drug reactions.
- There is always a danger in the practice of self-diagnoses and self-medication.

Prescription Drugs:

- Prescription drugs can only be sold by a licensed pharmacist with a doctor's authorization.
- In the United States two billion prescriptions are written each year; representing tens of billions of doses taken.
- RX drugs are generally more powerful than non-prescription drugs and are often used to combat a health problem over a longer period of time.
- Consumers should learn the benefits and risks of the prescribed medication from the doctor or pharmacist:

  (a) What the drug is supposed to do
  (b) Possible side effects
  (c) Correct dosage for physical size and medical history
  (d) Generic name and costs
  (e) Directions for use
  (f) Interaction problems with other substances

3A. Invite a local pharmacist to discuss prescription and non-prescription drugs with the class. Ask students to prepare a list of questions they would like answered and share this list with the pharmacist before he/she meets the class.

Specific Outcome: 4. Describe the risks in using alcohol in combination with other drugs.

CONTENT

4. The concentration of alcohol in the body at any time determines the effect of alcohol on the nervous system.

Alcohol used with other depressant drugs (mainly barbiturates) poses an immediate threat to life.

The effect of the combined use of alcohol and other drugs is unpredictable. The combined effect:

- (a) May cause an antagonistic action.
- (b) May be greater than the sum of the individual effects.
- (c) May be different from the effect of either of the active components alone.

For example:

- (1) Prolong the action of one drug (antihistamines)
- (2) Produce toxic symptoms with a lesser than toxic amount of either drug.
- (3) Partially reduce some symptoms without affecting others.
- (4) Potentiate the effects that would be expected by either drug alone (barbiturate plus alcohol result in severe CNS depression).

ACTIVITIES

4A. Invite a physician or other knowledgeable person (nurse or pharmacist) to speak on the ways in which various drugs interact and to discuss the importance of a patient's history in determining which drugs will be prescribed for him/her. What precautions do physicians give their patients when prescribing drugs? Does the doctor caution patients about hazards in combined use of medicines and alcohol? The medicine and other drugs? What responsibility does the pharmacist have? What responsibilities does the patient have?

B. Have students rank each of the following drug products according to the degree of risk to life when taken in combination with alcohol. Place a number from the rating scale next to the name of each drug product.

Not Dangerous	Slightly Dangerous	Moderately Dangerous	Very Dangerous
1 2 3	4 5	6 7	8 9 10

— Sleeping pills
— Diet pills
— Cough medicine
— Cigarettes
— Coffee
— Aspirin

— Marijuana
— Penicillin
— Antihistamines
— Root beer
— LSD
— Tranquilizers

Specific Outcome: 5. Describe antidotes and emergency procedures to counteract the toxic effects of ingested substances.

CONTENT	ACTIVITIES
5. (Refer to antidote and first aid materials included in many first aid texts.) Many junior high students are involved in babysitting duties. It is particularly important that they understand that 105,000 cases of poisoning each year involve children less than six years of age. Most of these cases are ingestion of aspirin, medicines, and cleaning and polishing agents.	5A. Ask the school nurse to discuss with the class: – Emergency procedures for various kinds of poisoning. – The type of information emergency rooms and hospitals and physicians need to know about the poison or drug taken. – The effects of common poisonous substances on the body. – How to contact the nearest center for emergency treatment of poisoning. B. Ask a person from an alcohol/drug treatment unit and/or hospital emergency room to discuss the management of drug overdose/adverse drug reaction emergencies.

Specific Outcome: 6. Describe ways in which intoxication changes the behavior of a driver and interferes with the operation of a vehicle.

CONTENT

6. Nervous system functions related to driving (judgment and thought, sensory awareness, and motor coordination) are depressed by alcohol.

   - All traffic situations are inherently complex and potentially dangerous.
   - The addition of alcohol use to any traffic situation increases the complexity and dangers of that situation.
   - The likelihood of a traffic crash rises sharply with each alcoholic drink a driver consumes in a given period of time.

   For adolescents, on the average, serious driving impairment occurs after consuming two 12 ounce cans of beer within a one hour period.

ACTIVITIES

6A. Reproduce the National Safety Council Drinking-Driving Crash Chart and discuss with the class how to interpret it. Help the students interpret the chart's meaning by asking questions such as:

   - Using what you know about alcohol's effect on the body, why do you suppose a person's chance of being involved in a crash increases with each drink?
   - What do you think would happen to the lines on the chart if each drink was consumed in a three-hour period instead of a two-hour period? A one-hour period instead of a two-hour period?

B. Ask students to describe drinking-driving situations which might threaten their personal safety. How might the situations be changed to protect one's safety and that of the driver?

Specific Outcome: 7. Discuss the differences between prevention and treatment of substance abuse.

CONTENT

7. Prevention is directed toward forestalling the occurrence of chemical dependencies and the individual and social problems associated with substance abuse.

Prevention rests upon the way an individual makes his/her life decisions in a complex social environment.

Primary substance abuse prevention is a constructive process designed to promote personal and social growth of the individual toward full human potential and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances.

Treatment involves medical and/or psychological care for persons who have chemical dependencies.

Treatment is expected to help the chemically dependent person to abstain from drug and/or alcohol use and to develop personal goals and behavior patterns to replace substance abuse.

Treatment of individuals for alcohol or drug dependencies is difficult and often ineffective.

A chemically dependent person can receive treatment, counseling, and rehabilitation services through a variety of agencies and organizations.

Substance abuse and chemical dependencies are not limited to any one economic group or subculture within our society.

ACTIVITIES

7A. Small groups develop definitions for prevention, treatment, and rehabilitation and an example of each.

On three large pieces of paper write the definitions for each term as agreed upon by the class. Divide each sheet into three columns: Methods Used, Agency to Deliver Service, and Location of Agency. Class lists methods, agencies, and locations in appropriate columns.

B. Invite a counselor from an alcohol/drug treatment unit to talk with the class about the kinds of services provided and the difficulties encountered in assisting chemically dependent persons. Ask the counselor about his/her perceptions of the role of family members in treatment and rehabilitation of dependent persons and the families role in prevention.

CONTENT

ACTIVITIES

Specific Outcome: 8. Interpret the terms Alcoholic, Problem Drinker, Social Drinker, and Abstainer.

8. An alcoholic is a person who has a behavioral disorder characterized by compulsive uncontrolled drinking which interferes with the drinker's ability to function personally and in society.

Alcohol use behaviors range from abstinence, moderate or social use, to excessive drinking and alcoholism. There is a potential for harm or problems to self or others at any point on the continuum of use behaviors.

Alcohol users differ from one another in the damage they do to themselves and others and in their motives for the use of alcohol.

The person starting to use alcohol cannot know in advance whether he or she will be a moderate drinker or an alcoholic.

8A. Small groups develop definitions of Problem Drinker, Alcoholic, Abstainer, and Responsible User.

On four large pieces of paper write the definitions for each term as agreed upon by the class. Divide each sheet of paper into four columns: Physical Characteristics, Social Characteristics, Motives and Problems Associated With Behavior. Discuss the definitions and the functional problems associated with the user behaviors. Contrast motives between user classes.

B. Discuss with the class alcohol use statistics for adolescents and the statement: The person starting to use alcohol cannot know in advance whether he or she will be a moderate drinker or alcoholic. What are the unique problems presented by youthful use of alcohol? Do adolescents consider their motives for drinking?

CONTENT **ACTIVITIES**

Specific Outcome. 9. Relate drug research to life expectancy.

9. The Food and Drug Administration helps protect the public from harmful drugs.

   - Testing, research, and quality control are required before new drugs may be sold to the general public.

Prescription drugs such as penicillin, tetracycline, and insulin have served to reduce the life-threatening aspects of infectious diseases and chronic/genetic diseases.

Medical research has helped humans to live longer and more comfortable lives.

The success of pharmaceutical research has also contributed to a public mind set that there is "a pill for every ill."

There are many diseases for which there are no drug cures in existence.

9A. Class research and discuss how medical research has increased the comfort and life expectancies of persons with epilepsy, diabetes, heart disease, Parkinson's disease, and tuberculosis.

B. Class research and discuss the uses and benefits of the following:

anesthetics
antibiotics
antiseptics
hormones
anticoagulants
vaccines

C. Compare the mortality rates for disease in 1900 to that of 1930 and 1970. Notice the shift from mortality due to communicable disease to mortality due to chronic degenerative and environmental diseases.

MAJOR OUTCOME C: STUDENT WILL KNOW THE PROBABLE CONSEQUENCES OF ANY ALCOHOL AND DRUG USE TO THE INDIVIDUAL, TO THE FAMILY, AND TO THE COMMUNITY. (CONSEQUENCES)

Specific Outcome: 1. Identify the problems associated with the use of alcohol and other drugs for the individual, family, and community.

CONTENT

1. Any substance has a potential for physical, social, or mental harm.

The prolonged use of alcohol or other drugs, which may or may not lead to chemical dependence, often leads to other health problems for the individual.

Substance abuse causes problems for society: accidents, homicides, increased crime, child abuse, costs for welfare, treatment and rehabilitation, enforcement of laws, increased costs of auto and health insurance, loss of productivity at work, etc.

The abuse of alcohol and/or drugs can have an impact on career opportunities.

Moderate or occasional use of alcoholic beverages has little, if any, residual effect on the health of the user. The immediate aftereffects of alcoholic indulgence must be considered as a health or safety risk to self and others.

Individual problems do not disappear as a result of the use of alcohol and/or other drugs; they remain to be resolved.

Problems to individuals associated with the use and abuse of substances might include:

- Physical or psychological dependency.
- Medical care for alcohol and other drug dependencies is expensive.
- Treatment and rehabilitation of chemically dependent persons is often unsuccessful.
- Many accidents involve drivers or pedestrians under the influence of alcohol and/or other drugs.
- Alcohol used with other drugs may be fatal.
- Many homicides and suicides are directly related to alcohol use.
- Crime and prostitution are directly related to alcohol and drug abuse.
- Family disintegration and child abuse/neglect are directly related to alcohol and drug abuse.
- There is a direct relationship between excessive use of alcohol by a mother and mental retardation/birth defects of her children.
- Loss of employment, work absenteeism, accidents on the job are directly related to alcohol and drug use.

ACTIVITIES

1A. Conduct panel discussion of the Effects of Drug and Alcohol Abuse on the Community. Ask panelists to direct their remarks to the following questions:

(1) How does substance abuse effect family and peer group relationships?
(2) What financial demands are made on the abuser, the abuser's family, and to the community?
(3) What relationship does substance abuse have to crime/delinquency in the community?

B. Discuss with the class the direct or indirect impact of alcohol/drug use or abuse upon career options, e.g. one's acceptance or rejection by medical schools, law schools, certification to teach, employment by government agencies, and employment in general.

C. Invite a guest speaker from a social services agency to discuss the problems he/she sees that are related to alcohol use: financial, work efficiency, child abuse/neglect, divorce, alcohol-related crime, etc.

Specific Outcome: 2. Identify certain risks or dangers of alcohol use to which teen-agers are uniquely susceptible.

CONTENT

2. Risks or dangers include:

   - Because most teen-agers are smaller and weigh less than adults, their bodies are less able to dilute blood alcohol concentrations.
   - Psychological intoxication is greater for teen-agers.
   - Young people need to learn constructive ways of meeting personal problems.
   - Because of their growth – and consequently their inexperience with drinking – teen-agers are more likely than most adults to become ill from drinking a given amount of alcohol.
   - Adolescents are particularly susceptible to accidents. They tend to overestimate their skills for operating a motor vehicle.
   - Young people more willingly take risks, but their judgment is often inconsistent. Alcohol use dangerously confounds the process of making decisions and judgments.

ACTIVITIES

2A. Prepare descriptions of three adolescents who use alcohol in different ways. Discuss with the class: Who are "problem drinkers?" What characteristics of alcoholics does each student present? Why are these characteristics particularly difficult to deal (cope) with as adolescents?

B. Discuss with students the adolescent's frequent response to parental confrontation about his/her substance use: "It's my body and my life so why can't I do what I want to?" What are some parental responses which can be constructive? Some adolescent responses?

CONTENT | **ACTIVITIES**

Specific Outcome: 3. Explain how laws govern the personal use, sale, and possession of alcohol and drugs.

CONTENT

3. Control of substance use and abuse is difficult.

Federal, state, and local governments play a significant role in regulating drug and alcohol production, sale and distribution.

There are legal penalties for the possession, sale, and distribution of drugs.

Laws and law enforcement have been viewed as one strategy for the prevention of substance use and abuse. This approach assumes that punishment and threats of punishment will deter undesired behavior.

Punishment and threat of punishment only deters a behavior to the degree that, and as long as, punishment regularly and speedily follows a sufficiently high percentage of deviant behaviors.

ACTIVITIES

3A. Discuss with the class: Does current legislation properly reflect what society does with alcohol and drugs? Does the present Controlled Substances Code satisfactorily control the sale of drug substances? Are there other sources of control on substance use which are as effective or more effective than the legal source of control?

B. Using scenarios where a minor has been involved with a substance related violation; respond as a judge (or small groups as a jury) to decide:

(1) Who is to blame?
(2) Is punishment in order?
(3) What punishment would be appropriate?

Situations:
A 22-year-old man is accused of having illegally bought a six-pack of beer for a 13-year-old boy who had asked him to do it as a favor. The boy got drunk and went swimming at midnight and drowned. The man was a friend of the boy's father and felt he was just doing the kid a favor.

A 35-year-old man saw a 15-year-old youth refused service by a package store and offered to buy for him. The youth agreed and the man bought him a fifth of whiskey. The boy got drunk on it and stole a car. He killed a pedestrian before totaling the car on the freeway.

A 15-year-old girl asked her older sister to buy a bottle of wine for her to celebrate her boyfriend's birthday. The sister complied. The girl and her boyfriend (17-years-old) drank the bottle in the local park. They began to get silly and loud and the neighbors called the police to complain about the noise. The girl and boy were arrested on a charge of disturbing the peace.

CONTENT

Specific Outcome: 4. Describe the relationship of drug abuse to illegal drug traffic, crime, and delinquency.

4. Dependency upon alcohol or other drugs costs a large amount of money.

The street price for illegal drugs is quite high; people are quite often not getting what they have paid for.

The profits derived from the manufacture, distribution, and sales of drugs are quite high; people will risk jail terms to obtain the financial gain.

ACTIVITIES

4A. Ask selected students to research and report to the class about the Bureau of Narcotics and Dangerous Drug.

B. Investigate the involvement of drug abusers/alcohol abusers in acts of crime. What is the costs to an alcoholic or drug dependent person to maintain their addictions? What are the costs to the community in terms of stolen merchandise from local stores and stolen property through burglary?

MAJOR OUTCOME D: STUDENT WILL KNOW THAT THE INDIVIDUAL, HIS OR HER FAMILY, AND THE COMMUNITY HAVE INTERRELATED RESPONSIBILITIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE. PREVENTION

Specific Outcome: 1. Explain how the use and abuse of substances might be prevented by controls that exist in society.

CONTENT

1. Prevention of substance abuse is a responsibility of the total society including the public and private schools, families, peer and reference groups, mass media, business and industry, government agencies, churches, and volunteer organizations.

There are formal and informal controls on substance use. Laws, regulations, official government policies, or institutional sources of control such as church and school exert formal controls.

Informal controls include custom, family rules, social and peer group attitudes, and subcultural norms.

Four basic strategies have been used in attempts at preventing substance abuse.

These strategies include:

(a) Coercion/threat of formal sanctions
(b) Education/persuasion
(c) Eliminating causes/motives
(d) Provision of satisfying non-chemical alternatives

Primary prevention means that it is more effective to prepare an individual to resolve or cope with problems than to have society try to remedy those problems after they have occurred.

There will always be individuals for whom the use of any substance will present potentially serious medical, psychological, and/or social problems.

ACTIVITIES

1A. Voting on prevention/control issues. Ask students to respond agree – unsure – disagree on each of the following statements:

(1) Marijuana use should be de-criminalized.
(2) People should be allowed to use any substance they choose to use.
(3) Society has an obligation or responsibility for the health and welfare of its members.
(4) The people in our society have adopted the idea that all their ills and problems can be solved by taking a pill.
(5) Most people can learn to make responsible decisions about alcohol use.

Discuss with the class how public and personal attitudes toward the use of alcohol and other drugs affect the type(s) of prevention activities undertaken by a community.

B. Discuss with the students the following sources of control on alcohol and drug use (family and other admired adults, community groups, peer groups, legal authorities, manufacturers, and media). Using the following headings ask the students to identify ways in which the sources of control can act to prevent substance abuse.

Source of Control as Prevention Agents

Family and Adults	Community Groups	Peer Groups	Legal Authorities	Manufacturers	Media

(CONTINUED ON NEXT PAGE)

CONTENT	ACTIVITIES

C. Discuss with students the roadblocks to prevention of alcohol abuse caused by community attitudes toward alcohol use. Ask students to suggest ways that they could modify the following community attitudes:

- That being drunk is amusing.
- That something is "wrong" with someone who chooses not to drink alcoholic beverages.
- That a drink, in a social sense, has to contain alcohol to be a drink.
- That being a good host means pushing refills the moment glasses are half empty.

CONTENT | **ACTIVITIES**

Specific Outcome: 2. Identify local efforts to prevent substance abuse.

CONTENT

2. Many substance abuse prevention programs focus mainly on the facts about substances or whom, where, and when substances are used. The substance use is the focus of the program.

Other substance abuse prevention programs focus on the positive psychological/social growth of young people. The emphasis is upon understanding substance abuse as human behavior.

Communities attempt to prevent substance use and abuse through:

- Establishment of laws and law enforcement agencies
- Establishment of public and private agencies to implement laws controlling substance sales and
- Establishment of public and private agencies to implement laws controlling substances sales and advertising
- Provision of community agencies to deal with mental health and family problems
- Establishment of alternative activities for residents
- Provision of comprehensive alcohol and drug service centers

ACTIVITIES

2A. Students research and report on the following organizations/agencies as they relate to the prevention of alcohol and drug abuse:

State

- Iowa Bureau of Criminal Investigation
- Iowa Department of Mental Health
- Iowa Department of Social Services
- Iowa Division on Alcoholism
- Iowa Drug Abuse Authority
- Iowa JAYCEES

Local

- Youth Organizations
- Local Treatment Centers
- Local Mental Health Centers
- Civic government
- Service clubs
- Others

Reports should include the organizations' responsibilities, services, and possible impact as resources to local prevention efforts.

Specific Outcome: 3. Discuss ways by which peers, siblings, and older youth can influence (positively) the non-use of substances by junior high school students.

CONTENT

3. People learn by observing others; peers, siblings and older youth can influence the behavior of others by their actions and their attitudes.

   Peer groups are often more influential in changing attitudes and behaviors of adolescents than are media, teachers, parents, or church.

   Teen-agers can take a large measure of the responsibility for the prevention of substance abuse among their peers.

   Peer group sanctions can be powerful deterrents to substance use.

   Teen-agers most often communicate with their peers about personal problems or developmental concerns.

ACTIVITIES

3A. Ask each student to make a plan to positively affect someone's non-use of substances (including cigarettes). Ask them to try to execute the plan and report their results to class.

B. Ask the class to develop a list of ways by which a teen-ager can act to postively influence the non-use of substances by his/her peers e.g. use communication skills in actively listening to peers, recognize early signs of personal inadequacy in dealing with problems and seek help, risk suggesting and acting on non-chemical alternatives, positively reinforce others' decisions to not use substances or to use alcohol responsibly, etc.

CONTENT **ACTIVITIES**

Specific Outcome: 4. Analyze the contributions of the family in the primary prevention of substance abuse.

4. Families experience problems. There are methods by which families solve their problems.

A family can offer support, acceptance, and direction to any of its members.

Intra-family communications provide an opportunity to share attitudes and concerns about substance use, and to explore satisfactory alternatives to drug and alcohol use.

Families model the use of substances which children incorporate into their own guidelines for living.

Parents can help their children by being positive role models in the way they use substances themselves, e.g. by showing that they can have pleasure and socialize without alcohol or other drugs.

4A. Family problem solving. Role play a family group that considers a situation in which a teen-ager in the family has been discovered to be using alcohol/marijuana. Have the role players try to reach a solution based on the following:

(1) The problem(s) must be identified
(2) Each person should be able to state his/her feelings
(3) Every solution should be examined seriously
(4) In finding a solution, both parties may have to compromise

Explain that this is not the only way to deal with family disputes (e.g. constructive arguments)

B. Ask students to share their ideas/positions on a values continuum. Instruct students to look across a continuum drawn on the black board and to mark their position with an X. The extremes of the continuum are:

Everything Natural: The families in my community would use nothing that contains chemicals – no drugs, no food preservatives, no deodorants, no prescriptions, no stimulants.

Everything Chemical: The families in my community would use a chemical for every purpose – to go to sleep, to wake up, to study, to increase athletic performance, to feel good all the time, to smell good.

Discuss with the class:

- What would the families in your community be like if **everything natural** prevailed? Why?
- What would the families in your community be like if **everything chemical** prevailed? Why?
- What efforts would be necessary to get families to move from the "everything chemical" end of the continuum toward the "everything natural" end? Would this be desirable?

CONTENT **ACTIVITIES**

Specific Outcome: 5. Discuss personal value positions on the use and abuse of substances.

5. Each individual has his/her own particular beliefs, attitudes, and values about alcohol and other drugs. Sometimes individuals are unaware of these value positions about substance use and abuse.

"Seven Criteria for a Value":[5]

(a) Choosing freely
(b) Choosing from alternatives
(c) Choosing from careful consideration of the consequences of each alternative
(d) Prizing, being glad of one's choice
(e) Prizing, being willing to publicly affirm one's choice
(f) Acting upon one's choice, incorporating choices into behavior
(g) Acting upon one's choice repeatedly, overtime

A value judgment is a personal reaction to a statement or situation based on "feelings." These feelings help us decide whether something is good or bad, acceptable, or unacceptable. Either our own personal preferences or the standards set by a social group determine our value judgments.

A factual judgment is one that is based on direct experience or observation. It can be tested (by using the scientific method) for its accuracy. Factual judgments usually don't involve the question of good or bad, although we may have strong feelings about the "facts."

5A. **Drug List**: Ask students to fill in the two lists on this page by ranking the following substances from most harmful to least harmful on each list.

Marijuana
Barbiturates
Amphetamines
Cigarettes
Cough medicine
Alcohol
LSD
Aspirin
Growth hormones for cattle
Aerosol sprays
Insecticide
Other ________

Most Harmful to Individual	Most Harmful to Society

Discuss with students whether their rankings were based on value judgments and/or factual judgments.

B. Divide the class into small groups. Ask the students to individually complete a substance attitude inventory. The small groups are given fifteen minutes to seek group consensus on rankings. Each group has ten minutes to discuss the roles that personal values played in group decision making. A member of each group should present his/her group's position and reasoning to the whole class.

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[5] Sidney B. Simon, Leland W. Howe and Howard Kirschenbaum. *Values Clarification: A Handbook of Practical Strategies for Teachers and Students.* (New York: Hart Publishing Co., 1972).

Specific Outcome: 6. Describe how to use agencies which offer assistance to people with mental health, substance abuse, and family problems.

CONTENT

6. There are community agencies and organizations which offer assistance to people with mental health, substance abuse, and family problems.

Many of these agencies/organizations are supported through tax dollars or community contributions and are available to anyone at little or no cost.

Many of the community agencies are accessible to minors and maintain confidential relations with their clients.

The activities of public and private agencies are regulated by laws and licensing standards in an attempt to insure the quality of health services.

The basic treatment of alcoholism or drug dependencies begins with the individual's recognition that he/she has a problem.

ACTIVITIES

6A. Describe a situation in which an individual is attempting to get help for a personal/family problem. Ask students to list several sources that could provide him/her with information and assistance. As a class describe the procedure that the "young person with a problem" should follow in securing the necessary help.

6B. Ask students to identify sources of help to which they can turn for information and guidance. Make a class chart showing problems and types of resources.

Problem	**Appropriate Resource** (List at least three resources for each problem)
● A mother who is an abuser of alcohol	
● A group of classmates who will not accept you	
● A peer who threatens to commit suicide	
● A friend who intends to "run away"	

MAJOR OUTCOME E: STUDENT WILL KNOW PERSONALLY RELEVANT AND SATISFYING ALTERNATIVE BEHAVIORS TO ALCOHOL AND DRUG ABUSE. (ALTERNATIVES)

CONTENT

Specific Outcome: 1. Identify several alternative behaviors one can employ to satisfy one's needs without using substances.

1. A model presented by Alan Y. Cohen illustrates some relationships among legitimate human experiential needs, substance use, and possible alternative activities. This is a useful model for developing the concept of satisfying non-chemical alternatives.

Some viable alternatives to substance use include:

- Establish realistic goals
- Develop skills and participate in leisure time activities
- Develop and use problem solving skills
- Develop and use interpersonal communication skills
- Participate in activities to help other people
- Develop non-chemical methods of dealing with everyday pressures

People can reduce anxiety and stress through the use of non-chemical alternatives.

Personal skills in problem solving and communicating with others are useful tools in dealing with feelings of alienation, loneliness, boredom, depression, and frustration.

ACTIVITIES

1A. Present the model suggested by Alan Y. Cohen in class. Ask students to add other alternative activities to the list for each category. Each student should check the activities he/she uses in meeting each of the needs described by Cohen. Many of the activities will not be familiar to all of the students so ask some students to find out more about the activities and present them to the class.

B. Instruct each student to list ten or fifteen "loves," activities which he/she most enjoys. At the top write the following categories:

- When did I last do this?
- How often do I do this?
- Do I need a friend or can I do it alone?
- Does it require money?

From this data relative to their ten or fifteen "loves," have each student make a statement about two alternative activities that he/she would choose to do soon.

CONTENT	ACTIVITIES

Specific Outcome: 2. Identify settings in the home, school, and community as possible resources for satisfying some needs.

2. Alternative activities to the use or abuse of substances are limited only by the imagination of interested people who are willing to share their knowledges and interests with others.

2A. Review the five dimensions of interrelated needs (Physical, Intellectual, Social, Emotional, and Spiritual). Print the five dimensions on the blackboard. Ask students to recall needs under each heading (i.e., physical: to eat, sleep, rest, and exercise and social: to make friends and emotional: to express feelings such as happiness, excitement, and joy.) Divide the class into five work groups (one group for each need dimension) to identify human resources for satisfying each specific need. The work group will have to determine if a specific need can be satisfied by oneself or through the assistance of others. Ask each work group to record their information and report the information to the class.

B. Ask students to develop a list of recreational facilities and services available in their community. Compile the information into an activity guide for use by individuals at different stages of development. Include examples of recreational activities that would satisfy each of the five dimensions of needs; e.g. physical, intellectual, social, emotional, and spiritual. Discuss the ways in which these activities can serve as alternatives (alternative strategy) to the use of substances.

Specific Outcome: 3. **Discuss abstinence as a choice of life style.**

CONTENT

3. Although alcohol use is socially accepted, there is a large and responsible minority for whom alcohol use is an unnecessary or unwanted part of their life style.

Approximately twenty-five percent of the adult population in the United States practice abstinence from the use of alcohol as a part of their life style.

Motives for the non-use of alcohol and other drugs include the following:

- Fear of dependency on substances or health concerns.
- Person feels secure and emotionally mature.
- Person adopted a non-use life style.
- Person accepted as an individual without bias and prejudice.
- Person participates in viable alternatives ("I have better things to do").
- Person respects the values of family and friends.
- Person afraid of being caught and imprisoned for illegal activity.

ACTIVITIES

3A. Discuss the non-use motives presented as content statements. Emphasize that non-use of substances is one responsible (OK) life style.

Ask students to focus on a set of questions anyone might ask of his/herself before using alcohol or drugs. What are the likely responses to these questions when making decisions about alcohol? About marijuana? About amphetamines?

- What can it do to my family life?
- How will my behavior affect my school work or job?
- How might the substance affect my health?
- How might my friends feel toward me?
- Isn't there something better to do?
- How could substance use affect my future?

B. Brainstorm with students methods of demonstrating one's acceptance of a friend or peer who chooses to abstain from using alcohol or drugs.

MAJOR OUTCOME F: STUDENT WILL BE ABLE TO EMPLOY DECISION MAKING SKILLS TO MAKE RESPONSIBLE DECISIONS RELATIVE TO PERSONAL ALCOHOL AND DRUG USE OR NON-USE. (DECISION MAKING)

CONTENT

Specific Outcome: 1. Apply the decision making process to situations involving alcohol and other drugs.

1. In order to make responsible decisions, one needs accurate information and several life coping skills including:

   - Decision making skills
   - Communication skills
   - Inter- and intra-personal skills
   - Skills in clarifying one's values
   - Understanding of personally satisfying alternative behaviors

   Young people have many difficult decisions to make and sometimes it is hard for them to consider the future consequences of their actions.

   Often the desire to conform with the expectations or behaviors of peers leads them to make choices that produce conflicts with parents and/or own long-range self-interests.

   Responsible decisions result in behavior that demonstrates respect and concern for oneself and others.

   Responsible decisions enhance individual development and promote healthy human interaction.

   Adolescents who have developed alternative behaviors for satisfying their needs are less likely to seek social situations where the focus of activity is drinking or using other drugs.

   A decision making process involves these steps:

   - Define the problem (what has to be changed – what is the difficulty)
   - Gather pertinent data
   - Look at choices (what are the possible alternatives)

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ACTIVITIES

1A. Discuss four ways one can go about making decisions:

   - Doing the first thing that comes into your mind without stopping to think at all.
   - Thinking only of yourself, your own feelings, and what you would like to do now.
   - Thinking of other people as well as yourself, but only for the present.
   - Thinking of other people besides yourself and what you would like to do at the moment; applying some type of decision making process.

B. Ask students to identify situations where drug or alcohol use is common to young people. Example: Two boys have some marijuana or beer in a parking lot after a ball game. They encourage some others to try the beer or marijuana. The class brainstorms possible behaviors or responses the other persons could do. Using the information generated by the class, go through the decision making process examining the alternatives and consequences. Role play several alternatives suggested by the students.

C. Role play situations which display the use, non-use, or abuse of a substance.

   Example:

   A Saturday night party for ninth graders in a basement of a home where marijuana is available. The parents are not at home. The characters are described as follows:

   Pam – The daughter of a minister. She had led a very sheltered life, and has just begun dating two weeks ago. She has had a crush on Bill for one and one-half years, and was very excited when he asked her to be his date for this party. She has never smoked marijuana before, and has received many lectures from her father on the evils of drugs.

   Bill – The school's football hero. His parents are divorced, and he lives with each parent six months out of a year. Each parent tries to show their affection by allowing Bill the freedom to do anything he wants. He has smoked marijuana many times.

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(CONTINUED ON NEXT PAGE)

CONTENT

- Examine own values, interests, and needs in relation to choices
- Consider short- and long-term effects of various choices (for self and others)
- Rank the choices in order of preference (most helpful effects – most realistic)
- Arrive at a decision
- Follow through on the decision

Possible responses to substance use situations include:

- Conform to the group's behavior
- Avoid or ignore the situation
- Behave in accordance with one's values
- Work out a compromise to the situation
- Refer the situation to an adult authority
- Confront the behavior of others

ACTIVITIES

Jane – Voted the girl most likely to succeed by her class. She has good grades, is active in school clubs and sports, and is well liked by her peers and teachers. She has smoked marijuana once, but did not like it.

George – Wants to be a doctor. He does not think that there is anything morally wrong with marijuana use, but he is aware of the legal penalties regarding the possession and use of this drug.

Jim – The class clown. He will do almost anything for kicks. He brought marijuana to the party and offered it to the group.

Discuss the possible decisions of the role players and how emotions may have influenced these decisions.

Discuss the techniques used by the role players to influence their peers to use marijuana; how could each person have altered the situation so that no one would have decided to use the substance?

Level III
Selected Resources

Pamphlets

"Alcohol A Family Affair". Supt. of Documents or National P.T.A. (Outcome No. A)

"Alcohol Some Questions And Answers". U.S. Government Printing Office. (Outcome No. A, D)

"Drinking Myths". U.S. Jaycees, Tulsa, Okla. (Outcome No. B)

"Drugs A Primer For Young People". Phoenix, Arizona: Do It Now Foundation. (Outcome No. B).

"Interim Report". Numbers 1, 2, 3, & 4. Task Force on Responsible 'Decisions About Alcohol', Education Commission of the State, Denver, (Outcome No. A, D).

"Thinking About Drinking". U.S. Government Printing Office. (Outcome No. B, E, F)

"Questions & Answers About Drug Abuse". U.S. Government Printing Office, 1973. (Outcome No. B).

Books & Booklets

Chemical Survival For Western Men and Women. Phoenix, Arizona: Do It Now Foundation. (Outcome No. B)

Facts About Alcohol And Alcoholism. NIAAA. Supt. of Documents, Washington, D.C.: (Outcome No. B).

Finn, Petter & Platt, Judith. *Alcohol & Alcohol Safety: A Curriculum Manual for Junior High Level: A Teachers Activities Guide*. U.S. Government Printing Office. Available from AEA Media Centers.

Huffaker, Clair, *Flap*. Popular Library. Novel about a group of Indians who get drunk and take over a bulldozer to protect their land.

Hyde, Margaret. *Alcohol: Drink or Drug*. New York: McGraw-Hill Book Co. Talks about problem drinking but also about how wine, beer, whiskey, and other drinks are made.

Lee, Essie. *"Alcohol, Proof of What?"* New York: Julian Messner Publishing Co., 1976. First person stories of young persons involvement with alcohol. Analyzes reasons for drinking or obstaining. (7–12) (Outcome No. A, C, D)

Other

Finn, Peter and others. *"Jackson Junior High"*. Cambridge, Mass. Abt Associates. A film or TV series for grades five through eight on Alcohol Education. Four titles. Teacher manual and student booklet.

Self, Inc. Iowa Public Broadcasting Network. A classrom television series which presents emotional and social problems which confront 11 – 13 year olds. Designed to be used with follow-up discussion and activities. Teacher's guidelines.

Level IV

Grades 10-12

Level IV: Developmental Needs and Interests

Grades 10–12. High school students can deal with the concept of multiple determinants of alcohol and drug abuse. Students can also understand that alcohol and drug abuse are social issues toward which they as young adults must respond.

Most students question many of the values they had previously accepted. Students can understand how their values affect their personal behaviors and styles of decision making or problem solving. Adolescents can understand some of the long-range consequences of the decisions they make.

Students are aware of their developing life styles. Their decisions related to personal use or non-use of alcohol and drugs should be examined in relationship to one's choice of life style. Students should consider how a life style which includes alcohol and drug use might infringe on the rights and welfare of others.

Adolescents can discuss the role of parents in preventing alcohol and drug abuse among family members. Parenting skills, including family problem solving and communications, should be a topic discussed with students.

Students are interested in alternative ways of meeting their needs and solving personal problems without using alcohol and drugs. Students need to see that these options exist.

Factual information about alcohol and drug effects should include discussions of known effects (good and bad). Students should know the various psychological, social, and environmental factors that might modify the effects of a given dose of alcohol and drugs. Students should become informed consumers of prescription and non-prescription drugs.

MAJOR OUTCOME A: STUDENT WILL UNDERSTAND THE BASIC FACTORS IN HUMAN BEHAVIOR RELATED TO SUBSTANCE USE: PSYCHOLOGICAL, PHYSIOLOGICAL, SOCIOLOGICAL. (HUMAN BEHAVIOR)

CONTENT

ACTIVITIES

Specific Outcome: 1. Interpret reasons why people use and abuse substances.

1. Substance use is a behavior in response to human needs.

The reasons for using or not using alcohol and other drugs are strongly related to the attitudes and values of self, parents, peers, and society at large.

Some motives might include:

- To facilitate interpersonal relations
- To impress others
- To be accepted by a peer group
- To influence others to have sexual relations
- To get "high," a method of feeling free and having fun
- To deal with boredom, anger, loneliness
- To deal with personal "crises"
- To avoid dealing with personal problems or frustration
- To express hostility or feelings of helplessness
- Psychological and/or physiological dependence on the substance

1A. Discuss and analyze the use and abuse of substances in relationship to each of the following factors:

(1) Desire for group acceptance and approval
(2) Family patterns of use/peer patterns of use
(3) Social customs
(4) Desire for relaxation and pleasure
(5) Boredom or to avoid unpleasant feelings such as anger, anxiety, sadness
(6) Appeals of advertising on television and in magazines
(7) Messages communicated in popular films and music

B. Invite a recovering alcoholic, a former drug user or a person from an alcohol/drug treatment center to talk with the class. The focus of their discussion should be the function or need(s) that substance abuse served for them.

Specific Outcome: 2. Analyze the influence of peers on adolescents' decisions to use or not use substances.

CONTENT

2. The needs for peer group acceptance and group recognition play a significant role in substance use decisions.

One of the most important ways of dealing with peer pressure is to have someone discuss the feelings in him/her which caused him/her to apply the pressure.

ACTIVITIES

2A. Role play peer pressure experience. Small teams of three or four people will encounter each other in a situation where team A is trying to persuade team B to use a substance such as marijuana or alcohol. After a five minute limit the experience is debriefed.

- Did anyone change their mind.
- What were the kinds of feelings you experienced.
- What were the feelings when a person yielded to pressure? Resisted pressure?
- Feelings when a fellow team member yielded? Or resisted? Or pressured?
- What were the most persuasive arguments?

B. Ask students to individually write brief responses to the following instructions:

Describe two times you have tried to pressure a friend to do something. What did you do to pressure him/her? Were you with other friends? Why did you want him/her to do what you were pressuring him/her to do?

Within small groups share each other's papers. Ask the small groups to:

- Make a chart and list all the reasons why someone might pressure a peer to (a) abstain (b) drink (c) drink excessively.
- Discuss and record which, if any, of these reasons justify exerting pressure and which do not.
- Discuss and record how individuals who exert pressure can be resisted.
- Each small group should report to the class and respond to questions and comments.

CONTENT

ACTIVITIES

Specific Outcome: 3. Analyze the influence of adult models on adolescents' decisions to use or not use substances.

3. Adult models of substance use are perceived and copied by young children and young adults.

   Many young people associate alcohol use with adulthood; they are imitating what they perceive as adult behavior.

3A. Discuss the empirical data that indicates that children from families in which one or both parents are alcoholics are over represented in alcoholic populations as adults. Discuss the same data source that also indicates children of totally abstinent families are also over represented in the adult alcoholic population.

B. Dear Abby Scenarios: Ask students to write a response to one or more scenarios in which they play "Dear Abby" in response to someone writing her a letter about a family alcohol/drug problem.

Example (1)

> My mother spends all day watching soap operas and nibbling potato chips and neglects my two younger brothers and the house. My father has two jobs to support us and isn't home too much. When I get home from school she's already had several drinks and gets mad at the slightest thing I do. What can I do?

Example (2)

> A school counselor writes: "A question frequently asked by students is this: My father gets bombed every night, double bombed on weekends, fills the house with smoke, then raises hell when I smoke and gets crazy if I have a drink. Does he have a right to keep me from doing the things he says are bad for me when he doesn't practice what he preaches?"
>
> Can you give me, a counselor, some advice on what I should say to these kids?

Students break into small groups and are given written instructions to: (1) Read each other's replies, discuss the best response and why and (2) Write this down.

Groups read their responses to the class and respond to comments and questions from the class and teacher. The teacher should identify coping skills to be used if the advice is followed.

CONTENT

Specific Outcome: 4. Identify the social norms for the use of alcohol and other substances and the influences these norms have on individual decisions about use or non-use of substances.

4. Our society is "chemically oriented," where alcohol and drug use is an established practice.

Drug and alcohol use is affected by constantly changing social, political, and personal values.

Norms comprise the rules, regulations, and attitudes that determine the behavior of a group of people. **Informal** norms might include social pressures and customs. **Formal** norms might be laws, regulations, or policies from an official source such as government, church, school, or a company. These norms are derived from social values and are an influence in a person's decision to use or not use substances.

American society is characterized by an ambivalence toward alcohol and drug use; there are contradictions within the value structures regarding the appropriate function of alcohol and other drugs.

These conflicts in value structures contribute to the ambivalence and uncertainty with which young people approach the decision to use or not use a substance.

American society has failed to develop and adopt clear and consistent guidelines for making responsible decisions about using or not using substances.

Most young people see drinking as a way of achieving adult status and identity.

ACTIVITIES

4A. Suggest that an individual or group prepare a survey instrument to identify local norms for the use of alcohol and non-prescription drugs. Groups such as Jaycees, churches, country club, 12–17 year olds, 18–25 year olds, P.T.A., and local businesses should be surveyed. A summary of the survey should indicate the variety of perceived norms amongst these groups.

B. Role play situations in which parents discover that their son or daughter is drinking or is drunk. After each role play, ask the actors to discuss the feelings which they had while role playing. Invite discussion from the class on the different ways each role might have been played. Discuss the guidelines for alcohol use that were or were not present.

Parent. Your 15-year-old daughter has just returned from a date and is obviously very high. She is silly and giggly and is having trouble walking in a straight line. You have let her drink a little wine on holidays since she was 10, but that is all. What, if anything, do you say or do?

Daughter. You have just returned from a date with your boyfriend. You and he got a bottle of wine from his older brother to celebrate your date's 16th birthday. You had about half of the bottle and are feeling very good and a little silly. You expected your parents to be asleep when you get home, but your father opened the door for you. What, if anything, do you say or do?

New scenarios can be created by varying:

1. Age and sex of the drinker
2. The reasons and circumstances under which he/she was drinking
3. How much he/she drank and how he/she behaves as a result
4. Who is present when the youth is caught; e.g., mother, father, brother, sister, teacher, police officer
5. Child's knowledge that one or both parents did similar things when they were young
6. Child's knowledge that his/her friends do the same things
7. Parent's knowledge that child's friends do the same things

CONTENT	ACTIVITIES

Specific Outcome: 5. Discuss personal characteristics which may precede substance abuse.

5. Young people who abuse substances seem to share some common psycho-social characteristics:[6]

(1) [illegible]w self-concept
(2) An inability to form a stable identification with his/her parents or other adult figures.
(3) An inordinate compliance with peer group behaviors.
(4) Feelings of social alienation, isolation from others, with less ability to communicate.
(5) Uncertain of values and priorities, experiencing difficulty making decisions.
(6) Rejection of parental values and life styles.

These characteristics have **not** been established as the causes of substance abuse.

Alcohol and other drug dependencies are difficult to deal with since dependent persons will deny that they have problems controlling their use.

5A. Small group discussion: Social and personal characteristics which may be typical of potential alcohol or drug abusers. Within each group determine what are: High risk personalities?
High risk behaviors?
High risk periods in one's life?
High risk communities?
High risk life styles?

The discussion should include past experiences, the present and projections for the future. Are there ways of coping with the "high risks" without using alcohol and/or drugs?

B. Discuss reasons for drug abuse and alcoholism, e.g. boredom, loneliness, lack of coping skills, emotional problems, etc. Ask students the following questions:

(1) How can these behaviors be a destructive (non-constructive) method of dealing with problems?
(2) Why do people choose these methods?
(3) What problems do the behaviors solve?

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[6] Bernard Segal. "Family Background, Personality Characteristics, and Use of Drugs, Alcohol, or Non-use of Either Among College Students." (Paper presented at the 20th International Institute on the Prevention and Treatment of Alcoholism, Manchester, England, 1974), pp. 165-170.

Specific Outcome: 6. Analyze the impact of alcohol and drug industries on the use of substances.

6. The alcohol and drug industries are interested in promoting the use of their products. The production and sales of alcohol and drug products represent a multi-billion dollar industry. For example, the sales figures[7] for a one year period include:

Alcoholic beverages	$25 Billion
Cigars and cigarettes	$12 Billion
Coffee, tea, and cocoa	$2.5 Billion
Psychoactive drugs obtained by prescription	$2.5 Billion
Illegal drug sales	$2 Billion

Advertising is the principal method of promoting the use of alcohol and drug products. The alcohol and tobacco industries spend more than $1 million daily to promote the sales of their products.

Tax revenues (state and federal) on the production and sale of alcoholic beverages are collected in terms of billions of dollars annually.

The beverage alcohol industry affects our economy in several ways:

(A) Agriculture and allied industries
(B) Employment provided in the manufacture and distribution of beverages (alcohol and "mixers")
(C) Consumer costs and producer profits
(D) Production of containers
(E) Taxes received from the sale of alcoholic beverages

6A. As a class activity have students develop alternative products to advertise to replace alcoholic beverages and non-prescription drugs. Explain to students that alcohol and drug advertising is a very large source of revenue for the broadcast and print media. In order to replace such revenues, media producers and decision makers will need equally or more attractive sources. What products might be substituted?

B. Discuss the possible consequences of replacing all alcohol and drug production with an increase in the production of solar energy and low cost housing. The discussion should indicate the effects to federal, state, and local government due to a decrease in liquor tax revenues, possible layoffs of drug and alcohol industry workers, possible loss to farmers who produce grains, grapes, etc. Would the change in national priorities be possible? Or desirable? What should be done to safeguard an adequate supply of medicines?

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[7] Joel Fort and T. Cory Christopher. *America Drugstore A (Alcohol) to V (Valium)*. Boston: Educational Associates, 1975), p. 6.

Specific Outcome: 7. Discuss the factors which influence alcohol and drug effects.

7. Alcohol and drugs affect individuals in different ways.

Alcohol and drugs influence people's behavior according to the interaction of several factors:

Physiological Factors

(a) Quantity – amount ingested
(b) Quality – purity and/or concentration of dose
(c) Effects of other dilution or "cutting" substances
(d) Presence of food in the stomach
(e) Rate of ingestion and rates of metabolism/clearance
(f) Individual differences (genetic make-up, tolerance, health status)
(g) Presence of other drugs (alcohol will tie up metabolism and liver functions)

Psychological Factors

(a) Previous use experiences
(b) Expectations of effects
(c) Motives for use
(d) Anxiety over use
(e) Mental health of user
(f) Mood/mind set
(g) Personal values

Social Factors

(a) Expectations of others – group norms
(b) Individual perception of expected behavior
(c) Setting (place and time)
(d) Family and religious values

7A. Ask students to identify the interacting factors which could affect the physiological and behavioral effects of alcoholic beverages in the following situation:

John and Bill are the same age, body build, and height. They are at a party. Both have had two cans of beer in the past hour. John is showing no effects and is acting the way he usually does. Bill, who is usually shy and reserved, has become the life of the party. Who might account for the differences in the behavior of the two boys? What additional information would you want to have before you evaluate the situation?

B. Distribute the list of indicators about "How Much is Too Much Alcohol?" (Institute for Family Research and Education)[8] to the class. Ask students to discuss this list in relationship to judgments, mind set, setting, and pharmacological effects of the psychoactive substance alcohol.

"Too much" is when you've had a few and you show one or more of these signs:

- You feel fantastically confident, but you are drinking more and more and faster and faster.
- You can't walk straight, but you're sure you can drive.
- You insist you can walk straight, but you can't.
- You're making others very uncomfortable, but you insist you can handle more.
- Your normal fears and anxieties become exaggerated.
- You tell the people who are worried about you: Leave me alone – I'm all right.
- You are easily offended, especially by people who care about you.
- You are unconcerned about your own safety.
- You really don't care about anyone else (but you're not usually like that).
- You are the most spiteful and hurtful to the people who have loved and cared for you the most.

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[8] Institute for Family Research and Education. *Juice Use.* (Syracuse University: Ed-U Press), p. 3.

MAJOR OUTCOME B: STUDENT WILL KNOW IMPARTIAL SCIENTIFIC FACTS ABOUT ALCOHOL AND OTHER DRUGS. (SCIENTIFIC FACTS)

CONTENT | **ACTIVITIES**

Specific Outcome: 1. Classify alcohol and other drugs according to their effects on the mind and body.

1. It is important to put all chemical substances (alcohol, vitamins, non-prescription drugs, narcotics, etc.) into a clear perspective according to their effects on mind and body.

This can be done by locating substances on a continuum based on the pharmacological effects of the substance (e.g. strong dependency producing to weak dependency producing) or a continuum based on a substance's potential to do the greatest physical harm to the greatest number of people.

The dependency producing property of a substance is a function of physical and psychological influences it exercises.

1A. Selected small groups investigate and report on LSD (Peyote, Mescaline, etc.), Cocaine, Heroin, Barbiturates, Alcohol, Marijuana, Amphetamines and Non-prescription drugs. Each report should be prepared and copies reproduced for each member of class. Each report should include:

- Slang names
- Historical background
- Source (origins – synthetics derivative)
- Medical use
- Immediate and long range effects on mind and body
- Symptoms of abuse/dependency
- Dangers of abuse
- Regulations and controls
- Media impact on popularity
- Concurrent use with pregnancy and possible effects on infant/embryo

The small group should present the report as a panel with opportunities for the class to ask questions.

B. Make four charts to demonstrate the effects of each of four substances (alcohol, marijuana, amphetamines, and tranquilizers) on the mind and body. For each chart four columns should list the effects of the substance on thought and judgment, sensory awareness, motor coordination, and non-conscious functions (heart rate, blood pressure, respiration, digestion, etc.) **Example**:

Effects of Alcohol

Thought and Judgment	Sensory Awareness	Motor Coordination	Non-Conscious Functions
Affects Ability to:	Affects Ability to:	Affects Ability to:	Affects bodily functions:

CONTENT

Specific Outcome: 2. Identify beneficial and harmful effects of alcohol and drugs on the body.

2. The body is a complex biomechanical machine; how well the machine operates is dependent upon what goes into it.

No substance taken into the body produces only the psychological or physiological effects that the user wants: no substance has only one action.

A great deal is known about the harmful effects of alcohol; less is known about the other drugs.

Many pain and anxiety reducing drugs are valuable for those purposes but little is known about the way the drugs actually work.

There are many beneficial effects of properly used drugs.

ACTIVITIES

2A. Students investigate the beneficial and harmful effects of the various types of substances: alcohol, non-prescription drugs, narcotics, antibiotics, anesthetics, hormones, tranquilizers, antihistamines, antiseptics, barbiturates, amphetamines, hallucinogens, and sedatives. Compare the values and risks in terms of the following functions and disorders:

Physical fitness
Hepatitis
Malnutrition
Respiratory disease
Metabolic disorders
Emotional disorders
Logical thought
Pregnancy
Reducing pain
Mental illness
Sensory perception
Communicating with others
Sexuality
Terminal illness (e.g. cancer)

CONTENT **ACTIVITIES**

Specific Outcome: 3. Analyze and interpret the accuracy of drug and alcohol information from all sources.

CONTENT

3. Information about alcohol and other drugs varies in accuracy depending on the source and purpose of the message.

Local doctors and pharmacists do not test drugs, but rely on the manufacturers, professional researchers, and the FDA for information.

Advertising is used to create a demand for alcohol and drug products. These messages frequently distort or omit accurate information.

The Federal Trade Commission can insist that all advertising claims for non-prescription drugs be fully substantiated by facts.

A peer's assessment of a substance he/she is using regularly will be based on rationalizations or personal biases.

Social attitudes and public opinion about "legal" and "illegal" substances are in large measure controlled by the information presented by a variety of "special interests" sources.

ACTIVITIES

3A. Ask students to select a historical period and subject for a class presentation on the topic: "The Media and Substance Use Messages." Possible topics might include media coverage of (A) 1865–1875 return of morphine addicted soldiers, (B) 1890–1920 paregoric use by women and children, (C) 1898 Bayer Company introduces heroin, (D) 1920's Prohibition tried and repealed, (E) 1930's Marijuana the Menace, (F) 1937 Passage of Harrison Narcotics Act and the Marijuana Tax Act, (G) 1960's glue sniffing, (H) 1965 LSD, (I) 1968-1972 establishment of Bureau of Narcotics and Dangerous Drugs and the "war against drug abuse."

B. Ask students in your class to rank sources of information about substances which they rate most highly for credibility. Discuss the results of this class survey and the reasons for their choices.

Specific Outcome: 4. Evaluate common alcohol and drug myths.

4. Alcohol and other drugs may affect the same person differently in different situations.

The term "intoxification" means one thing: there is enough alcohol in the body to have a toxic (depressant) effect on the brain.

Detoxifying or "sobering up" only takes place when the liver can metabolize the alcohol in the blood.

Some typical alcohol and drug myths are as follows:

- Most alcoholics are skid row bums
- Most alcoholic people are middle-aged or older
- It's only beer
- The really serious problem in our society is drug abuse
- Drinking is a sexual stimulant
- Marijuana leads to "harder drugs"
- Illegally manufactured drugs like heroin, LSD, and amphetamines are physically worse for you than the legally manufactured drugs, like nicotine, alcohol, and barbiturates.

4A. Ask student groups to develop booklets similar to *Drinking Myths* (U.S. Jaycees) for *Marijuana Myths, Amphetamine Myths, Tranquilizer Myths, Barbiturate Myths, Vitamin Pill Myths* and *Tobacco Myths*.

B. Ask students to develop a list of practices used by many people to increase their ability to drive after drinking. This list might be developed after talking with parents, older brothers/sisters, other students, police officers, etc. Compile a list of practices and corresponding comments about the validity of each practice. For example:

Drinking black coffee	Ineffective
Inducing vomiting	Ineffective: alcohol is already in bloodstream. Vomiting a natural occurance to avoid overdose.
Eating a large meal	Somewhat effective: delays absorption from stomach and intestines.
Allowing at least one hour time between drinking each one ounce drink	Effective: Sufficient time to metabolize alcohol.

CONTENT	ACTIVITIES
Specific Outcome: 5. Describe procedures for being an informed consumer of prescription and non-prescription drugs.	
5. Many consumers will pay more than twice the amount for a given drug than would be required if a truly free market existed. – The present patent system allows drugs to be sold by the brand name only and according to what the market will bear. – Generic name drugs can often cost five to ten times less than brand name drugs, even though both are subject to the same federal standards for purity and effectiveness. – Ask your physician for the generic name of a prescription drug. – As a citizen one can support legislation to bring the price closer to the cost of production and sale with a fair margin of profit. – As a citizen one can support legislation which would restrict the prescription of amphetamines as "diet pills." – The consumer should ask for a prescription with either the lowest priced brand name or the generic name of the drug to get the best price possible. – Most pharmacies do not carry a wide range of brands for any particular drug. Shop around the pharmacies to find the best price. – Another cost to the consumer is the pharmacist's charge for services. – Three to five per cent of **all** hospital admissions result from drug reactions to prescribed medicines. Review content statements from Level III on pages 71 – 108.	5A. Ask students to conduct a survey of local pharmacies for their prices on a generic named drug such as Reserpine, U.S.P. of 1,000, 0.25 mg. tablets. Have them list from most expensive to least expensive the retail prices for several brand names e.g. Smith, Kline, and French (Eshasorp) $46.00 to Wolins $0.59. B. Ask students to conduct a survey of local pharmacies to determine the local pharmacists' fee for services policy.

CONTENT	ACTIVITIES

Specific Outcome: 6. Identify procedures to help in drug and alcohol emergencies and crises.

6. Additional information about drug and alcohol emergencies can be found in references such as *Chemical Survival for Western Man and Woman* (Do It Now Foundation).

Alcohol overdose (passing out) procedures include:

(A) Moving the person to safe place
(B) Checking vital signs
(C) Contact medical assistance if vital signs are depressed severely
(D) Positioning body with head to side
(E) Rechecking person frequently.

6A. Discuss procedures for handling overdoses of alcohol and other drugs.

B. Have two students demonstrate a safe procedure for caring for a person who has "passed out" from an overdose of alcohol.

Specific Outcome: 7. Evaluate the effects of alcohol and other drugs upon driving behaviors and performance.

CONTENT	ACTIVITIES
7. The progressive effects of alcohol use: (A) Loss of intelligent behavior (self-control, judgment, decision making) (B) Decrease in muscular control (increased reaction time and difficulties in motor coordination) (C) Influence on the sense organs (vision, hearing, equilibrium) (D) Unconsciousness (decreased rate of breathing, heart action, body temperature).	7A. Discuss with the class the progressive effects of alcohol use and its relationship to driver performance. Establish some "principles of responsible drinking and driving." B. Ask students to list ways in which the drinking driver might affect the safety of himself/herself and passengers in the vehicle, the safety of passengers in other cars, and the safety of pedestrians (especially children).

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MAJOR OUTCOME C: STUDENT WILL KNOW THE PROBABLE CONSEQUENCES OF ANY ALCOHOL AND DRUG USE TO THE INDIVIDUAL, TO THE FAMILY, AND TO THE COMMUNITY. (CONSEQUENCES)

Specific Outcome: 1. Discuss the detrimental effects of drug and alcohol dependency to the individual, the family, and the community.

CONTENT

1. The treatment and rehabilitation of chemically dependent persons is difficult and many times unsuccessful.

Drug and alcohol dependencies are related to automobile accidents, crime, social, occupational and family problems.

Many experts feel that an alcoholic affects the lives of at least four other people. . . family, friends, schoolmates, neighbors, and co-workers.

Many people are willing to take the necessary risks to sell and distribute drugs because of the large financial returns on their investment. These profits are made at the expense of individuals and the community.

Decisions made about substance use can have an impact on future plans for life, work, and health.

Some basic facts about alcohol use:

- For every heroin addict in the United States today, there are at least fifteen alcoholics.
- Alcohol plays a major part in half or more of our highway deaths.
- Drunkenness accounts for one third of all U.S. arrests.
- Each year, alcohol drains the national economy of fifteen billion dollars in property damage, lost working time, medical bills, etc.
- There are an estimated nine million alcoholics in the United States.
- Alcoholism is a family disease. Someone else's alcoholism has an impact on the lives of an estimated forty million children, parents, and mates.

ACTIVITIES

1A. Invite a representative of Ala-Teen or Ala-Non programs to discuss their function(s) and the type of services they provide.

B. Ask students to develop a list of effects of continued and excessive use of alcohol in:

(1) resistance to disease
(2) nutritional deficiencies
(3) impairment of the nervous and digestive system
(4) alcohol psychosis
(5) longevity

C. Ask students to work in pairs to research one of the following consequences of substance abuse (Match a pair of students to each area):

- Family relationships
- Group relationships
- Future careers
- Potential for dropping out of school
- Financial demands on user/user family
- Delinquency and crime
- Child abuse/child neglect

After completing the research, these students should present a seminar on the social consequences of substance abuse.

Specific Outcome: 2. Demonstrate a knowledge of the laws and regulations concerning the use, sale, and possession of alcohol in Iowa and the possession of alcohol in Iowa and the possible consequences of violating these laws

CONTENT

2. Refer to the Code of Iowa for specific citations of Iowa laws.

A national survey[9] revealed that arrests of persons under 18 years of age for alcohol-related offenses (drunkenness in public, drunken driving, and liquor law violations) increased nationally by 135 percent between 1960 and 1973.

Driving while under the influence arrests increased by four hundred percent in the same period.

Automobile insurance premiums reflect in large measure the cost of alcohol-related accidents. Everyone pays these increased premiums.

The sale, possession, and distribution of alcohol has been defined by Iowa law with penalties established for violations of such.

ACTIVITIES

2A. Students write brief response to the following scenario.

You have been appointed the new Director of Automobile Laws (DAL) with complete power to make any laws you want regarding the use of alcohol by drivers and pedestrians. What actions, including possible penalties or rehabilitation measures, will you prescribe for the following offenses:

- Driving with open container of alcohol in car
- Driving when drunk
- Being about to drive when drunk
- Driving when drunk and (a) killing a pedestrian, (b) getting into a property damage accident with another car, (c) driving into a telephone pole.
- Being a drunk pedestrian and causing an accident by suddenly walking across the street in the middle of the block.
- Purchasing alcohol for a minor who is subsequently killed while driving under the influence of alcohol.
- Driving when drunk and killing one of the passengers.

During the following class the students break into small groups and are given instructions to agree on what measures should be prescribed and why. Groups report conclusions to the class and respond to questions and comments from class and teacher. Teacher would indicate actual laws and initiate discussion on relationship between student's chosen action and actual laws.

B. Select an actual legal violation involving alcohol from the newspaper, police department, or court system (omit names of people involved) and determine the Iowa laws which applied.

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[9] *Second Special Report to the U.S. Congress on Alcohol and Health.* (Department of Health, Education, and Welfare, June, 1974), DHEW Publication No. (ADM) 74-124.

CONTENT

ACTIVITIES

Specific Outcome: 3. Demonstrate a knowledge of the laws and regulations concerning the use, sale, and possession of "controlled substances" in Iowa and the possible consequences of violating these laws.

3. (Refer to the Code of Iowa for specific citations of Iowa Controlled Substances Laws)

Iowa laws have defined personal sale, possession, distribution and manufacture of "controlled substances." There are definite penalties prescribed for violations of these laws.

Federal schedules of controlled substances includes minor tranquilizers such as Librium, Valium, and Dalmone under Schedule IV.

Under Iowa law, "addiction" to the use of drugs is a ground for revocation or suspension of a license to practice a profession.

The Department of Public Safety is directed to revoke a person's driver's license upon his/her conviction for driving a motor vehicle while under the influence of a narcotic, hypnotic, or other drug.

Other states have much more severe collateral consequences of being convicted of a drug offense.

3A. Conduct a simulation game of the arrest and trial of two teen-age boys (girls) for the possession with intent to deliver a controlled substance (marijuana or amphetamine). Assign roles to students as: two dealers, one teen-age witness, two narcotics officers, a prosecuting attorney, a public defender, four parents of the defendants, juvenile court judge, a social worker and an eleven person jury. Remaining students should be observers and recorders of the proceedings. Allow two weeks so that students can have the opportunity to research their roles.

B. Ask a select group of students to prepare a flow chart which shows the procedures followed by law enforcement and juvenile court officials with juveniles arrested, charged, and ajudicated for the sale of a controlled substance. Particularly identify the options available to the defendant and officials during the procedures. Display and discuss the chart in class.

CONTENT

ACTIVITIES

Specific Outcome: 4. Demonstrate a knowledge of the consequences of driving while under the influence of alcohol (and other drugs); both immediate and long range.

4. (Refer to the Code of Iowa for specific citations of these laws).

Driving while under the influence of alcohol or other drugs is an illegal act which is punishable by law. A conviction for violation of these laws has an immediate effect on driving privileges, insurance premiums, insurability, and employment.

Alcohol plays a role in fifty percent of all highway deaths of the alcohol-related fatalities, an estimated two-thirds involve problem drinker-drivers. The other one-third of alcohol-related accidents involve social drinkers, particularly heavy social drinkers and young drivers who are learning to drink at the same time that they are learning to drive.[10]

The driver's license may be suspended or revoked as a penalty of the conviction for driving while under the influence of drugs.

People on prescribed medications often do not know how these substances might affect driving performances.

Combined use of drugs or drugs and alcohol have some dramatic effects on perceptions, reaction time, speed of movement and judgment – all integral parts of safe driving practices.

4A. Ask a select group of students to prepare a flow chart which shows the procedures to be followed by a police officer who has detained an individual for suspicion of a violation of one of Iowa's drinking driving laws. Identify the agencies involved in the procedures and the types of records which are developed for the individual case. Display and discuss the chart in class.

B. Ask students to individually rate each of the following drug products according to the degree of risk taken when combined with driving. Place a number from the continuum next to the name of each drug product.

Not dangerous				Slightly dangerous		Moderately dangerous		Very dangerous	
1	2	3	4	5	6	7	8	9	10

1. Sleeping pills
2. Diet pills
3. Cough syrup
4. Cigarettes
5. Coffee
6. Aspirin
7. Antihistamines
8. LSD
9. Alcohol and prescription drugs
10. Marijuana
11. Tranquilizers

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[10] Ibid.

CONTENT

Specific Outcome: 5. Describe the possible consequences of one's responses toward a person whose behavior has been changed by alcohol or drugs.

5. "The nature and intensity of the situation and the possible consequences of one's response determine the appropriateness of the response to a person whose behavior has been changed by alcohol or drug use."

Variations in the nature of the situation:

(a) Location of the interaction
(b) The number, kind, and relationship of the people involved

Variations in the intensity of the situation:

(a) Amusing, entertaining
(b) Bland, innocuous
(c) Slightly embarrassing to and awkward for one or more people
(d) Very embarrassing to one or more people
(e) Potentially hazardous to one or more people
(f) Immediately hazardous to one or more people

ACTIVITIES

5A. Students role play one or more scenarios in which a boyfriend or girlfriend is drinking excessively in his or her date's company. Students should be encouraged to create their own role profiles. After each role play, participants read their role profiles to class and discuss the feelings they had while role playing. Non-participants discuss how they might have acted or what they might have said had they been involved. Discuss the possible consequences of all role playing situations. What were the variations in setting and intensity? What types of responses were made? What were the likely positive and negative consequences?

B. Discuss the various responses one can make to a person whose behavior has been changed by alcohol or other drugs. Ask students to give examples of situations which might be best handled under one of the following response categories (avoid or ignore situation, acquiesce to the situation, work out a compromise to the situation, confront the situation directly, refer the situation to an adult authority).

(CONTINUED ON NEXT PAGE)

CONTENT	ACTIVITIES

Alternative responses and possible consequences

(A) Responses:

- Avoid or ignore the situation
- Acquiesce to the situation
- Work out a compromise
- Confront the situation and refuse to be part of it
- Refer the situation to an adult authority

(B) Possible Consequences:

Positive

- Increase respect and/or acceptance by others
- Increase in self-respect
- Increase in personal security
- Increase in physical safety
- Personal convenience

Negative

- Loss of respect and/or acceptance by others
- Loss of self-respect
- Increase in physical danger or injury
- Personal inconvenience
- Increase the probability of making same response again

MAJOR OUTCOME D: STUDENT WILL KNOW THAT THE INDIVIDUAL, HIS OR HER FAMILY, AND THE COMMUNITY HAVE INTERRELATED RESPONSIBILITIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE. PREVENTION

Specific Outcome: 1. Evaluate the effectiveness of existing controls over the use and abuse of substances.

CONTENT

1. The decision to use or not use a substance is a personal one.

The personal decision is strongly influenced by the following sources of control: peer groups, family, church, school, media, substance producing industry, and the lawmaking and law enforcement systems.

Substance use decisions are made in terms of perceived risks and gains. Sources of control exert their relative influences in terms of the individual's perception of the risk-gains for self.

Risk should be defined as more than physical risk; risk has strong emotional overtones. Risks are taken for acceptance, economic reasons, cultural norms, stimulation and excitement, self-fulfillment.

Certain substance use behaviors are tolerated by society and peer groups.

Four types of prevention strategies have been identified as:

(1) Coercion or threat of formal sanctions
(2) Persuasion/Education
(3) Elimination of Causes
(4) Provision of Alternatives

The four prevention strategies have been tried by existing sources of control in every community in varying degrees and with varying degrees of success.

Our society has most often relied on the use of controls such as laws and regulations governing the use, sale, costs, and production of substances.

Prevention programs will be minimally effective if parents, youth, and community groups do not share common prevention goals and agree on how these goals can be reached.

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ACTIVITIES

1A. Divide the class into eight study groups; one group for each source of control. Instruct each study group to identify both the methods of control used and the approaches to preventing substance abuse advocated by the source of control. A member from each study group should present the group's report and respond to questions and comments from the class and teacher. Generate a discussion of how possible combinations of the sources of control might be effective in preventing substance abuse in your community.

B. Work with a small group of six students to research and develop a panel discussion in which each student is the "informed expert" on one of the following topics:

- Efforts in controlling the sale and distribution of alcohol and other drugs.
- Efforts at eliminating the causes of substance abuse in our society.
- Education as a method of persuading people not to use substances.
- Society's provision of alternative activities for meeting one's needs.
- Effectiveness of current alcohol and drug treatment and rehabilitation methods.
- Effect of media messages on adolescent use or non-use of substances.

Allow each student to have six minutes to present his/her opening remarks during the first class presentation. Ask the remainder of the class to prepare questions for the "experts" in writing during the first presentation. Give the written questions to the appropriate expert(s) and allow them to respond during the next class meeting. Discuss and summarize the comments of the panel.

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(CONTINUED ON NEXT PAGE)

CONTENT	ACTIVITIES

Personal control of substance use means that the person has assumed responsibility for his/her behavior.

The family is viewed by many authorities as potentially the most effective agent in influencing the substance use decisions of young people, but it is often the most difficult resource to enlist in substance abuse prevention.

The community's overall approach to substance abuse and its control often includes:

- Developing an informed public (attitudes and norms)
- Support for an effective law enforcement system
- Support for courts and laws that recognize the complex human issues that underlie substance use/abuse
- Provision of treatment and rehabilitation services
- Support for social and health agencies which provide services to families and individuals
- Support for physicians and clergy who counsel and/or refer people to services
- Support for and cooperation with thy school and other community agencies' efforts at primary prevention

CONTENT | **ACTIVITIES**

Specific Outcome: 2. Discuss the responsibilities of the community for the treatment and rehabilitation of substance abusers.

CONTENT

2. The community pays for the treatment and rehabilitation of chemically dependent persons.

Medical and/or psychological care is provided for chemically dependent people in community supported agencies/organizations such as:

- Free clinics, crisis centers, or hot lines
- Marriage and family counseling services
- Local councils on alcoholism/drug abuse
- Local or regional alcohol/drug treatment centers
- Alcoholics Anonymous, Al-Anon, and Alateen
- Community mental health centers

ACTIVITIES

2A. Students do research on treatment methods and facilities for chemically dependent persons. A small group of students should write a list of sources from which to obtain information about treatment methods and facilities for alcoholics and drug dependent people. The group divides up responsibility for the work. Types of sources include:

- Literature
- State and local departments of mental health
- State and local chemical dependency agencies
- Private alcoholism units
- State and local correctional systems
- Members of groups like AA, Al-Anon and Alateen
- Field trip to alcoholism/drug treatment unit to talk with staff and patients

Students draw up a list of questions they would like answered such as:

(1) What treatment methods exist?
(2) Which seem to be most effective and why?
(3) Have treatment methods changed over the years? If so, why?
(4) Are the most effective treatment methods in fact implemented? If not, why not?
(5) How much does it cost to treat and rehabilitate a client?
(6) What is the success rate for clients? How is success defined?

B. Invite a representative of a local alcohol/drug treatment center to speak to the class about the philosophy, type(s) of treatment offered, funding source, admittance procedure, in-patient and out-patient care provided at the facility, and cooperative arrangements with the local court system and other community agencies.

CONTENT	ACTIVITIES

Specific Outcome: 3. Suggest ways by which individuals can assume responsibility for the prevention of substance use and abuse.

3. The Task Force on Responsible Decisions About Alcohol[11] has stated that the skills and attitudes necessary to make responsible decisions can be identified and learned.

"If actual and potential alcohol misuse (abuse) is to be decreased, millions of Americans need to know what is expected of them; how their behaviors must change to become responsible non-users or users." (Interim Report Number 2)

In order to increase the opportunity to make responsible decisions about non-use or use of substances, people will need many skills and knowledges e.g. decision making skills, communication skills, inter- and intra-personal skills, skills at clarifying values, leisure activity skills, coping skills, and accurate knowledge about alcohol and other drugs.

The individual can take actions to reduce or prevent his/her own use, misuse, or abuse of substances.

The individual has a personal responsibility to help prevent substance abuse in his/her own community by:

- Getting in touch with his/her own attitudes about substances.
- Preparing oneself with facts about substances.
- Modeling constructive coping with one's own developmental concerns and personal problems.
- Involvement in and/or support for community programs of alternative activities.

Individuals will very likely be hosts and will have some responsibility for the control of substance use.

3A. Write or identify a situation where a young person is involved in the juvenile court system for violation of a substance law. Ask student to write an alternate life story without a legal violation. Include within the stories the social forces or agencies and the personal choice of behaviors which could have prevented the juvenile court situation.

B. As a class develop a list of actions that an individual can take to help prevent substance abuse in his/her community.

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[11] Task Force on Responsible Decisions About Alcohol. Interim Report Number 2. (Denver: Education Commission of the States, 1974).

CONTENT

ACTIVITIES

Specific Outcome: 4. Recommend community actions for the primary prevention of substance abuse.

4. Primary prevention is the attempts made by individuals and/or communities to meet their needs without substance abuse.

Communities should identify existing needs of its residents, its resources for meeting these needs and cooperatively develop and implement a plan of action to meet these needs.

A community can develop services to meet youth and adult needs for new experiences, adventure, self-understanding and development, accomplishment, belonging, feeling important, discovering new abilities, and many other aspirations that many people turn to alcohol or drugs to fulfill.

4A. Discuss with the class the concept of primary prevention of substance abuse. As a class develop a definition of primary prevention. Identify ways that the school, family, church, local media, peer groups, and community organizations can assist in the primary prevention of substance abuse.

B. Discuss with the class the following suggestions that Ernest P. Noble (director of NIAAA) has made to prevent or reduce alcohol abuse.[12] In the discussion ask students: Are the suggestions realistic? What other suggestions would you make?

- "It might also be possible to reduce consumption and affect drinking patterns by changing the social or physical environment of drinking and altering societal institutions and customs.
- "The alcohol beverage industry should stress prevention in its advertising and to establish nationwide prevention programs.
- "The broadcast and film industry should re-evaluate media portrayals of drinking 'as an integral part of social custom."

On local level:

- "City planning and zoning boards could use their power to regulate the location and design of liquor outlets to reduce alcohol problems.
- "Alcohol and tax agencies could control prices (raise them), hours, and conditions of sale of alcoholic beverages.
- "Bartenders and liquor store clerks could restrict sales to intoxicated persons and seek to control excessive drinking."

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[12] Ernest P. Noble. "NIAAA Taking a Hard Look At Prevention Strategies." NIAAA Information and Feature Service. IFS No. 20. November 23, 1976, p. 1.

Specific Outcome: 5. Discuss the influence of parental use and substance attitudes on their children's future substance use or non-use.

CONTENT

5. Parents affect the attitudes of their children toward alcohol and other drugs.

Blum (1972) identified several factors within the American family which contribute to high or low risk drug-taking behaviors of their children.[13] These factors included:

- Parental drug use behaviors
- Parental views of law and authority
- Child-rearing goals
- Parental acceptance of youthful self-expression
- Infant health habits

Most parents do not know how to effectively communicate with their children about their own attitudes and values related to substance use or non-use.

Significant others are those people in our lives to whom we give credibility and respect and care about.

In most instances parents are not seen by adolescents as significant others in their personal examination of alcohol/drug taking issues.

Parents must not give up their role of parent (especially nurturance and support functions), but they must realize that their significance does not exist just because they are parents.

ACTIVITIES

5A. Discuss the positive affects (primary prevention strategy applied at home) of parents listening for feelings and giving children positive feedback. Role play a parent listening for feeling while the child tells his/her problem.

B. Have students read and discuss in small groups the following letters to:

Dear Ann Landers:

"Our son was a bright, charming, creative child with a high IQ. He did poorly in school, got into all kinds of trouble, took drugs, and caused us many sleepless nights.
Finally my husband said to him, 'you are not going to ruin our lives. From now on you are responsible for yourself.
If you make it, fine. If you don't, you will have to suffer the consequences.'
From that day on we refused to give him one cent. By so doing we released him psychologically and put him in charge of his own life. . ."

Dear Ann Landers:

"What wisdom, consolation or advice can you give parents in their 50's who have worked hard to achieve the American dream, loved their children, and tried to give them the best world ever? We are also the unhappiest.
Many of our children are on drugs, unemployed, drop-outs, migrants, drifters, angry with the world, hostile toward us, and out of joint with society.
How much and for how long should parents pay in terms of self-recrimination, worry, disappointment, and financial support? How can we enjoy the years that are left to us now that we have more money, fewer business pressures, and still are in fairly good health?
It is heartbreaking to see our kids maladjusted, disoriented, and unable to cope. We can't help but feel we are to blame. After all, they are our sons and daughters. We raised them."

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[13] Richard H. Blum and Associates. *Horatio Alger's Children: Role of the Family in the Origin and Prevention of Drug Risk.* (San Francisco: Jossey-Bass, 1972).

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CONTENT

Many people realize that adolescents try to find ("test") a comfortable place between parental expectations and peer expectations. Behavior and values never take on real meaning for adolescents until they have survived this testing.

Parents **cannot**:

(1) Eliminate drug/alcohol situations from occurring
(2) Prohibit young people from associating with peers.

Parents **can** accept peer relationships and peer/parent testing as necessary developmental phenomena.

Parents **can**:

(1) Foster the growth of their child's self-concept and problem solving skills.
(2) Communicate trust and respect to their children.
(3) Communicate their attitudes and values related to substance issues.
(4) Give their children postive feedback about their child's responsible decision making.

ACTIVITIES

Discuss: The role of parent-child communications in the situations. Solicit answers to:

- What conflicts in values seem to be involved?
- What might the parents and children have done to prevent the situations from developing?
- What community resources might have been of assistance in preventing the situations from occurring?
- Why might the community resources not have been used?

Specific Outcome: 6. Identify constructive aspects of an abstinent or responsible use life styles.

CONTENT

6. An abstinent or responsible use life style can allow people to constructively meet their needs.

Drugs and alcohol are commonly used to facilitate interpersonal relations; the quality of the communications is a function of the substance effects.

Abstinent and responsible users of substances have some measure of personal satisfaction from relating to others more effectively.

Abstinent or responsible use life styles are behaviors based on the personal values people hold.

ACTIVITIES

6A. **Stereotyped Life Styles**: Ask students to look at contradictions in their perceptions of people classified as "abstainers," and "social drinkers," or "problem drinkers" according to their non-use or use of alcohol. Discuss "stereotypes" and ask students to define understanding and accepting differences, tolerating differences, and adopting differences.

Differences: The teacher makes three separate columns on the blackboard, entitled "Behaviors," "Life Styles," and "Values." At the top of the board write Abstinent Person. For each column, students suggest characteristics of people who adopt an abstinent life style. Repeat with Responsible Drinker and Problem Drinker.

Behaviors	Life Style	Values
1. Avoids parties where alcohol served	1. Two-parent family	1. Honesty
2. Solves personal problems	2. Maintaining continuous employment	2. Loyalty to Country
3. Etc.	3. Etc.	3. Etc.

Discuss with the class: Are there basic differences between abstainers, social drinkers, and problem drinkers other than their behavior toward alcohol?

B. Invite two parents to talk about their non-use or responsible use of alcohol. Ask them to describe how their alcohol behaviors fit their life styles. Ask them to also discuss how they communicate their attitudes toward alcohol to their children.

MAJOR OUTCOME E: STUDENT WILL KNOW PERSONALLY RELEVANT AND SATISFYING ALTERNATIVE BEHAVIORS TO ALCOHOL AND DRUG ABUSE. (ALTERNATIVES)

Specific Outcome: 1. Assess one's own life style in relationship to meeting personal needs.

CONTENT

1. People make decisions about ways by which they can meet their needs. These decisions may not be significant in separate instances, but the cumulative effect of many such decisions establishes one's life style.

Life styles are determined by decisions made on the basis of personal values.

Life styles reflect the risk-taking behaviors of people.

Risks are taken for acceptance, economic reasons, to conform to or to reject cultural norms, stimulation and excitement, and self-fulfillment.

Observations about risk-taking:[14]

- People differ on how much risk they like to take
- People often do not have clear perceptions of themselves as risk-takers
- A person's emotions influence his/her estimates of risks
- For some people, something that is difficult to get is automatically more desirable
- One is often willing to take great risks if the outcomes are highly valued.

Alternatives to substance use/abuse work because they satisfy common needs. They generate pleasure and they offer positive experiences that make drugs and alcohol seem less interesting.

Major health problems are related to our life styles.

The current leading causes of death in the U.S. – heart disease, cancer, stroke, accidents, and diabetes – have all been linked to personal behavior: drinking, smoking, poor diet, obesity, lack of exercise, and unsuccessful coping with stress.

ACTIVITIES

1A. **Expectations**: Ask students to write a brief description of him/herself five years from now, including: job, family, leisure time, goals, achievements, possessions (life style).

Personal Needs: Ask students to write a brief description of him/herself five years from now, indicating those personal needs and decisions which will most likely be influencing his/her life style.

With these two sets of information, ask each student to identify those personal actions that will involve the most risks and those aspects of their future life style that he/she most values.

B. **Personal Barometer of Being and Feeling**: Discuss with students the relevance of occasionally taking a look at your current feeling status, what is causing some unity to one's life and what is causing some disunity.

Reproduce the following scale and ask students to assess where they are presently on the scale. Discuss with students what non-chemical alternatives they can employ to bring oneself closer to the unity side or to maintain one's status.

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[14] *Road Notes. A Training Manual for People Helping People.* (Flint, Michigan: Genesee Intermediate School District, January, 1974), p. 79, Project TRIAD.

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CONTENT

ACTIVITIES

PERSONAL BAROMETER OF BEING AND FEELING

DISUNITY		UNITY	What actions should I take
Tension	________ 1 2 3 4 5 6 7 8	Relaxation	________
Anxiety	________ 1 2 3 4 5 6 7 8	Calm	________
Distress	________ 1 2 3 4 5 6 7 8	Comfort	________
Fear	________ 1 2 3 4 5 6 7 8	Confidence	________
Hostility	________ 1 2 3 4 5 6 7 8	Warmth	________
Loneliness	________ 1 2 3 4 5 6 7 8	Loved	________
Emptiness	________ 1 2 3 4 5 6 7 8	Fulfillment	________
Depression	________ 1 2 3 4 5 6 7 8	Joy	________
Despair	________ 1 2 3 4 5 6 7 8	Serenity	________

CONTENT | **ACTIVITIES**

Specific Outcome: 2. Choose alternatives to substance use which are compatible with personal interests and values.

2. Alternatives are **not** merely substitutes.

V.A. Dohner:[15]

"To be acceptable and attractive, any alternatives we offer must be realistic, attainable and meaningful. Any proposed alternative must assist people to find self-understanding, improved self-image, feeling of significance, expanded awareness of new experience which they seek through drugs. These alternatives must also meet other criteria:

(1) They must contribute to individual identity and independence;
(2) They must offer active participation and involvement;
(3) They must offer a chance for commitment;
(4) They must provide a feeling of identification with some larger body of experience; and
(5) Some of the alternatives must be in the realm of the non-cognitive and the intuitive."

Discovering and accepting ourselves is a mental health promoting alternative.

2A. Discuss with students the "alternatives concept" and criteria presented by V.A. Dohner. Ask students to list the types of alternative activities in which they engage. Discuss the individual activities lists as to their agreement with the criteria presented by Dohner.

B. Discuss with students the differences between drug and alcohol involvements and alternative involvements as presented in the following table:

Substance Involvements Are likely to result in –	**Alternative Involvements** Are likely to result in –
(1) Temporary high	(1) Continuing satisfaction
(2) Decreased self-esteem	(2) Increased self-esteem
(3) Dependency	(3) Independence
(4) Nothing lasting	(4) Building of resources
(5) Artifically induced state	(5) Natural state
(6) Decreased enjoyment of natural state	(6) Increased enjoyment of natural state
(7) Decreased relatedness to others	(7) Increased relatedness to others

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[15] Dohner, V. Alton, "Alternatives to Drugs - A New Approach to Drug Education," *Journal of Drug Education*, March, 1972.

CONTENT **ACTIVITIES**

Specific Outcome: 3. Identify and analyze adult models for meeting needs constructively.

3. Many adults use a wide variety of alternatives activities for fulfilling their emotional, social, intellectual, physical, and spiritual needs.

Adult models are seen by young people in terms of desirable traits and personal competencies (e.g. ambitious, cheerful, dependable, truthful, loving, generous, self-controlled).

3A. Ask students to identify an adult who they think has it "pretty well together." After identifying the adult model ask students to write a brief response to each of the following questions:

- How does this person behave when they experience disappointment or frustration?
- How does the person give and receive love?
- What kinds of activities does your adult model do for recreation?
- How does the adult satisfy his/her social, intellectual, and spiritual needs?
- Does your adult model seem to operate from some conscious plans for personal improvement?

Each student should review his/her responses in terms of the appropriateness of the adult behavior. Criteria for this assessment might be that appropriate responses to needs bring satisfaction to the person and are acceptable to those around him/her.

CONTENT | **ACTIVITIES**

Specific Outcome: 4. Evaluate abstinence as a personal choice of life style.

4. Abstinence, not using alcohol or other mood altering substances, is a responsible choice of life style.

   Responsible drinking, using alcohol as an adjunct to other pleasurable activities, is a behavior accepted by our society.

4A. As a class develop a list of common activities in which they engage that might be difficult for them to abstain from doing, e.g.:

- Using salt and/or sugar
- Smoking tobacco
- Using the telephone
- Watching television
- Participating in recreational sports
- Drinking all beverages except water
- Driving a car

Ask students to select one or more activities and attempt to abstain from it (them) for one week. At the end of one week, ask each student to report to class on:

(1) Your success
(2) Your feelings about your success
(3) Your feelings during the period of abstinence; e.g., boredom, nervousness, anger, grouchiness, feelings towards others who were not abstaining.
(4) Your methods for abstaining

Discuss the relevancy of emotional influences (feelings) on the use, non-use, or abuse of substances.

B. Discuss with the class the abstinent life style advocated by some religions. Ask selected students to report on the abstinence norms and traditions of some religions.

C. As a class prepare a list of the advantages and the disadvantages of an abstinent life style.

CONTENT

ACTIVITIES

Specific Outcome: 5. Describe responsible hosting in regard to alcoholic beverages.

5. The social situation can either help or hinder responsible decisions about alcohol. Responsible serving of alcoholic beverages can make the individual's decisions easier.

The host can have a party without serving alcoholic beverages. If the host does decide to serve alcoholic beverages he or she can:

- Provide food when alcohol is served.
- Provide other social activities as a primary focus when beverage alcohol is served.
- Respect a guest's decisions to abstain.
- Provide equally attractive and accessible non-alcoholic beverages when alcohol is served.
- Serve or use alcohol only in environments conducive to pleasant and relaxed behavior.
- Serve drinks that are diluted and do not urge that glasses be constantly full.
- Recognize that drunkenness is neither healthy nor safe: do not excuse unacceptable behavior for that individual or others because of too much to drink.
- Recognize a responsibility for health, safety, and pleasure of both drinking and non-drinking guests.
- Make contingency arrangements for intoxication should it occur despite precautions i.e., transportation home, overnight accommodations, etc.

5A. As a class develop a list of responsible hosting practices.

B. Students write brief scenarios where a host is confronted with drinking issues at a party. Select scenarios and have students work in small groups with one scenario per group. Ask students to discuss:

- What the host **would** do and why.
- What the host **should** do and why.
- If there is any discrepancy, why, and can it be overcome.
- Whether a host has **other** responsibilities besides those raised by the scenarios.
- What guests can do, if anything, about a **host** who is irresponsible.

Groups report their conclusions to the class and respond to questions and comments.

Example: You are having a big party after the Big Game and will be serving plenty of beer. You know that several kids will get drunk and want to drive home.

MAJOR OUTCOME F: STUDENT WILL BE ABLE TO EMPLOY DECISION MAKING SKILLS TO MAKE RESPONSIBLE DECISIONS RELATIVE TO PERSONAL ALCOHOL AND DRUG USE OR NON-USE. (DECISION MAKING)

Specific Outcome: 1. Discuss the individual's right to make his/her own decision about substance non-use or use.

CONTENT

1. The decision to not use or to use substances is a personal matter; the individual must assume the responsibility for the consequences of his/her choice.

Other people are often affected by one's decision to use or not use substances.

Factors involved in making personal decisions may, in themselves be neither good or bad, but their effects may lead to sound or unsound decisions.

Value judgments about substances and people who use/abuse substances strongly affect personal decisions about using or not using substances.

Many decisions result from the individual's response to more subtle value pressures from family, peers, mass media. Such decisions are less likely to reflect the individual's own choice.

Each person must weigh alternatives and consequences for himself/herself.

Feelings in oneself and others need to be recognized and taken into account in decision making.

People have decision making styles which are based o[illegible]sonal behavior patterns.

Many people employ defense mechanisms such as rationalization, projection, and denial to justify their decisions to use or abuse substances.

ACTIVITIES

1A. Discuss with students the steps in a decision making process and how people vary in personal decision making styles (sets of personal behaviors affect styles of decision making; e.g., independent, understanding, constructive, etc.). Ask students to complete a self-assessment of their decision making on an agree – disagree scale. Examples of items to assess might include:

- I usually try to think of as many alternatives as possible
- I try to consider how my decisions might affect others
- I need to solve my own problems by making my own decisions
- I have control over most decisions I make

B. Discuss the concept of "Risk – Gain tradeoffs" involved in substance use decisions. Some people perceive large gains to self (acceptance by peers, establishing one's identity, etc.) from using substances; while risks to self are perceived minimally or not at all. Other people perceive substance use behavior as high risk with low gains to self.

CONTENT

ACTIVITIES

Specific Outcome: 2. Identify social situations or conditions when individuals might be apt to use or abuse substances and will suggest ways to avoid or handle such occasions.

2. Every young person in our society will encounter situations which involve substance use.

Coping with substance use situations is directly related to how we feel about ourselves and our reasons for role experimentation.

A value judgment is a personal reaction to a statement or situation based on "feelings." These feelings help us decide whether something or someone is good or bad, acceptable or unacceptable.

Our own personal preferences and/or the standards set by a social group determine our value judgments about substance use and non-use.

Prediction and expectation heavily influence our choice of substance use/non-use behavior. When we make a conscious adjustment of our behavior, we do this with anticipated results.

The following factors directly influence predictions and expectations about substance use/non-use:

- The feelings one has toward or about another individual engaged in the substance use/non-use oneself is considering. (e.g. you expect others to feel toward you as you feel toward the original individual)
- The feeling one perceives others have toward or about another individual engaged in the use or non-use of substances.
- One's value system.
- One's own direct past experience with non-use/use of substances. (What kind of feedback did you get when you did this before?)
- The information received (feedback) during one's actual use/non-use.

2A. Students role play one or more scenarios in which a boyfriend or girlfriend is drinking excessively or using drugs in his or her date's company. After each role play, participants read their role profiles to class and discuss the feelings they had while role playing. Non-participants discuss how they might have acted or what they might have said had they been involved. Example role plays:

Date: You are 16-years-old and at a party with twenty-five friends. You've been going with your present date for five months. She has a habit of drinking too much at parties and then flirting with other boys. She's already had two beers and has just opened a third. What, if anything, do you do? (You've had two beers, too, but you think you can hold your liquor.)

Excessive Drinker: You are 16-years-old and at a party with twenty-five friends. You have dated this boy for about five months. You like to get "high" at these parties because you feel less shy with other people and it will just make you happy . . . and you don't mind making your boyfriend a little jealous by flirting with another boy or two. You're on your third beer now.

Teacher: Take notes of decisions both role players make. List the decisions on the board after the role play is ended. Ask the class what other decisions they would have made, what alternatives existed? What were the likely consequences of the suggested alternatives?

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B. Ask students to study the following situations and discuss their suggested solutions. There are **no** correct answers.

"I really think Sue has more to drink than she can handle. What can I do without hurting her feelings?"

- Pretend not to notice
- Sober her up before the party ends
- Suggest leaving the party to take her home
- Insist she stop drinking
- Others

"I'm the only non-drinker at this party. What can I do so they won't make a fool out of me?"

- Make up a story about my health
- Say "no thanks" casually but firmly
- Take the drink and sip it slowly
- Take the drink and pour it into a flower pot
- Others

"I've never had a drink and I'd like to see what it's like!"

- Experiment at home when my parents are away
- Experiment with friends
- Ask my parents if I can drink with them
- Others

C. Repeat the form of 3B but modify the alternatives so that marijuana is the substance toward which the decisions must be made.

Level IV
Selected Resources

Pamphlets

"ABC's of Drinking And Driving". Greenfield, Mass.: Channing Bete Co., (Outcome No. C)

"Alcohol: A Family Affair". National PTA or Supt. of Government Documents, (Outcome No. A, D, E)

"The Drinking Question: Honest Answers to Questions Teenagers Ask About Drinking". U.S. Government Printing Office. (Outcome No. B)

"Drugs A Primer For Young People". Phoenix, Arizona, Do It Now Foundation. (Outcome No. B)

"Drugs And Youth". Drug Abuse Council. (Outcome No. D)

"Interim Report". No's. 1, 2, 3, & 4, Task Force On Responsible Decisions on Alcohol. Education Commission of the States. Denver, Colo. (Outcome No. D)

Wetherell, Jerome. *"People Do Drink And Drive".* American Driver & Traffic Safety Education Assn., Washington, D.C. (Outcome No. C)

"Questions and Answers About Drug Abuse". Supt. of Doc. U.S. Government Printing Office. (Outcome No. B, E)

"You, Alcohol And Driving". Greenfield, Mass.: Channing Bete, Co. (Outcome No. C)

Books & Booklets

Brecher, Edward, *Licit and Illicit Drugs.* Little, Co. Society's attitudes towards use of and control of drugs.

Chemical Survival: A Primer for Western Men & Women. Phoenix, Arizona, Do It Now Foundation. (Outcome No. B)

Chemical Survival: A Primer for Western Men & Women. Phoenix, Arizona, Do It Now Foundation. (Outcome No. B)

Facts About Alcohol & Alcoholism. NIAAA, U.S. Government Printing Office. (Outcome No. B)

Finn, Peter & Platt, Judith. *Alcohol & Alcohol Safety: A Curriculum Manual for Senior High Level: A Teacher's Guide.* U.S. Government Printing Office. (Outcome No. A, F)

Fleming, Alice. *Alcohol, The Delightful Poison.* New York: Delacorte Press. History, traditions, and role of alcohol in American Life; includes misconceptions and attitudes. (Outcome No. A, B, D)

Frazer, Dan & Pawlak, Vic. *Alcohol, Facts Behind the Rumors Behind the Myths.* Phoenix, Arizona: Do It Now Foundation. (Outcome No. A, B)

Scoppettone, Sandra, *The Late Great Me,* New York: Bantam Books, (Outcome, No. A, C)

Summers, Marcia and others. *Our Chemical Culture.* (Outcome No. A, B)

Others

Dial A-L-C-O-H-O-L. NIAAA, a film series for high school on Alcohol Education. Four titles, teacher's manual and a student book. Available through Department of Public Instruction.

Finn, Peter & Lainsin, Jane. *Alcohol: Pleasures & Problems.* Cambridge, Mass. Abt Associates. Student book accompanying Dial A-L-C-O-H-O-L.

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Chapter Four

This chapter includes the following types of teacher resources:

A. A glossary of terms related to alcohol and drug education
B. A guideline for the selection of audio-visual materials for use in alcohol and drug education
C. A bibliography of selected readings
D. A bibliography of selected curricula
E. A list of selected publications in the fields of alcoholism and drug abuse
F. A list of selected national organizations
G. A list of state and local organizations

The bibliographies and lists provided in this chapter are not intended to completely represent all of the resources available to teachers. There are several excellent audiovisual resources available to teachers which have not been cited in this guide. A list of recommended and not recommended films can be obtained from the Alcohol and Drug Education Program within the Department of Public Instruction.

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GLOSSARY

1. **Alateen**. An organization for teen-agers whose mothers or fathers are alcoholics. Members meet to discuss how to deal with their parent(s) and be happy.

2. **Al-Anon**. A worldwide organization of wives and husbands of alcoholics. Members meet to discuss how to deal with their alcoholic husbands or wives.

3. **Alcoholic** is a person who is an excessive drinker. The person's dependence on alcohol has reached such a degree that it noticeably disturbs or interferes with his/her physical or mental health, interpersonal relations, and his/her satisfactory social and economic functioning.

4. **Alcholics Anonymous (AA)**. A worldwide organization of recovering alcoholics. There are local groups in many towns. Members meet to discuss their problems related to alcohol so they can continue not to drink and to help others with drinking problems.

5. **Alternatives**. The various alternatives models assume that "when people possess the knowledge, motivation, and skills to create active and meaningful lives, the allure of drugs and alcohol is significantly reduced. Alternatives involve an assessment of individual needs (physical, recreational, sensory, emotional, interpersonal, social, intellectual, spiritual) and of personal and community resources. The alternatives may promote personal awareness, interpersonal relationships, self-reliance, creative and aesthetic experiences, philosophical explorations, social or political involvement, or religious experience.

   Alternatives are constructive and viable involvement in behaviors which provide greater needs satisfactions than substance use.

6. **Community Resources**. Those agencies and forces which affect children directly or indirectly and which an effective school program can tap for cooperative assistance although they are generally outside the control of school boards or school administrators.

7. **Controlled Substances**. Controlled substances are those placed on a schedule or in special categories to prevent, curtail, or limit their distribution and manufacture. Under the Controlled Substances Act of 1970 the Attorney General of the United States (on the recommendation of the Secretary of Health, Education, and Welfare) has the authority to place drugs into five schedules or categories, based on their relative potential for abuse, scientific evidence of the drug's pharmacological effect, the state of current scientific knowledge about the drug, and its history and current pattern of abuse.[1]

   The five schedules have different penalties for violations, with Schedule I the heaviest and Schedule V the mildest. Some drugs which are controlled are the opiates, amphetamines, hallucinogens, marijuana, and depressants.

8. **Decision Making**. Any action one chooses to take or not to take is the result of a decision making process. Decision making is a skill which must be learned. Becoming aware of this process, the opportunities to make decisions, and one's decision making style frees an individual to be and become what he or she chooses. It also brings the concept of individual responsibility for one's behavior very clearly into focus.

9. **Dependence**. Dependence is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a natural or synthetic drug. It consists of: (a) an overpowering desire to continue using the drug, (b) a tendency to increase the dose or the frequency of consumption, and (c) a psychological, and sometimes physical dependence on the drug's effects. The World Health Organization has substituted drug dependence of a certain type (opiate, alcohol, barbiturate) for what was called addiction.

9A. **Physical Dependence**. Physical dependence is the development of an altered physiological state that requires continued administration of a drug to prevent the appearance of a characteristic withdrawal or abstinence syndrome. The amount and frequency of drug use prior to development of tolerance and physical dependence may develop without simultaneous psychological dependence as in patients requiring large doses of analgesics for physical pain.

9B. **Psychological Dependence**. Psychological dependence refers to an emotional need to use periodically or chronically a drug to obtain pleasure or to avoid discomfort. The individual believes he is unable to get along in life without the agent. There is frequently the belief that the agent is an integral part of life. When the drug is unavailable the user may feel ill at ease, anxious, or irritable. At the same time, the individual may or may not be physically dependent on the drug.

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[1] Eric Scaps, Allen Cohen, Henry Ressink, *Balancing Head and Heart*, (Lafayette, Calif.: Prevention Materials Institute Press, 1975).

To state that a certain drug produces psychological dependence is naive and simplistic because the individual's free choice in using the drug is ignored. Also ignored are: (a) the variable and overlapping degrees of use by dependent and non-dependent users, (b) the fact that dependent persons use the drug to fulfill some unmet psychological need or as a people substitute; and (c) drugs may modify but do not compel a specific type of behavior as a consequence of their use. This does not deny that psychological changes produced by chronic drug use may increase the psychological dependency.

10. **Depressant.** Depressants are drugs which may reduce anxiety and excitement. They basically act to depress the activity of the central nervous system. Taken in small doses they temporarily ease tension in some people and induce sleep. Barbiturates, tranquilizers, and alcohol make up the largest groups of depressant drugs.

11. **Drug (Substance).** Any biologically active agent which when inhaled, ingested, or injected alters the physical or psychological functioning of the individual. Alcohol is a drug.

12. **Drug (Substance) Abuse** is variously defined as: (a) the use by self-administration of any drug in a manner that deviates from the accepted social and medical practices within a given community or society; (b) the habitual use by self-administration of any agent to the extent it interferes with the physical, psychological, vocational, or social functioning of the individual; or (c) the habitual use by self-administration of any agent for the sole purpose of altering the mood or emotions of the user.

13. **Drug (Substance) Use** refers to the consumption of any quantity of a substance for any purpose.

14. **Drug (Substance) Effects** refers to any physical or emotional changes produced by a drug. The modification of drug (substance) effects by physiological, social, and environmental factors is considerable. The effects are dependent on five factors: (A) individual dose response, (B) biological variability, (C) potency of the substance, (D) tolerance, and (E) mind set and setting.

    (A) Dose response refers to the fact that, as the amount of a substance in use is changed, there may be a change in the reaction of an individual. Other dose responses include therapeutic, toxic, or lethal: therapeutic refers to the amount of a drug that will aid in the solution of a medical problem; toxic means that the prescribed dose will have adverse effects on the body; and a lethal dose will result in death.

    (B) Biological variability in all organisms there is a substantial variability in biochemical response. This is particularly true with ingested drugs. Dose response curves vary widely between people. Some individuals are generally more sensitive to a drug than others. Some persons will show the desired effect at lower dosage levels and others, equally drug sensitive, will have more bad side effects at the set levels.

    (C) Potency of a drug is determined by the amount that must be given to obtain a particular response; the smaller the amount needed to achieve that result, the more potent the drug.

    (D) Tolerance refers to a condition in which repeated administration of a drug results in a gradually diminishing effect. To achieve the same result as previously, the dose must be increased. But increasing the dose also increases the unwanted side effects.

    (E) Mind set and setting is highly variable and involves the person's personality, the person's attitudes and moods, the setting (location, other people present), expected drug effects, past experience.

15. **Hallucination** is a false sensory perception.

16. **Hallucinogens.** Hallucinogens (also called psychedelics) are drugs which affect sensation, thinking, self-awareness, and emotion. Changes in time and space perception, delusions (false beliefs) and hallucinations (experiencing nonexisting sensations) may be mild or overwhelming, depending on dose and quality of the drug. Effects vary; the same person may have different reactions on different occasions.

    Many natural and synthetic hallucinogens are in use. LSD, a synthetic, is the most potent and best studied. Mescaline (from the peyote cactus), psilocybin (from the Mexican mushroom), morning glory seeds, DMT, DOM (STP), PMA, MDA, and others have somewhat similar effects.

17. **Influences.** Outside influences exert a strong impact on substance use/non-use behaviors. Three categories of influence (peer pressure, significant others, and institutional) should be considered in any substance education program.

17A. **Peer pressure** is social urging to behave in a way that is acceptable among people in one's own general age group. Peer pressure involves the need to be accepted, the need to have friends, and the need to check out our feelings and values with others. Understanding of the peer pressure placed on the individual by others is one of the best methods people have in coping with the pressure. The classroom can offer an opportunity to examine why people feel a need to apply peer pressure and how individuals feel when it is applied.

17B. **Significant others** are those people in one's life to whom one gives credibility and respect and toward whom one cares a great deal. People are significant others because of their role in one's life. The extent of the significance of these others (i.e. parents, teachers, ministers, employers) is determined by the credibility an individual assigns to them. This significance differs with each particular issue faced in one's life.

17C. **Institutional** influence. Institutions, such as the school system, church, and media, also influence one's choice of behavior. For example, school systems sanction values and behaviors and media advertisements sanction alcohol and drug taking behaviors and values.

18. **Intervention** means a substance abuse program providing services which are usually non-scheduled, short-term, and referral-oriented.

19. **Life coping**. The use or non-use of alcohol and other drugs reflect behavioral outcomes of a coping process. Young people are presented with the decision to use or not use substances as a part of their everyday experience in our society. Their decisions and behaviors reflect their skill at coping; their actions that solve problems or at least deal with them, reduce a danger or a threat, correct a harm, or achieve needs satisfaction. The life coping process begins with recognition of issues and problems. There must be personal **recognition** of an issue, problem, or opportunity and the need to deal with it. The recognition level requires skills of awareness, self-understanding, and understanding social situations. The second part of the coping process addresses the question: "What does this issue/problem mean to me?" The third part of the coping process involves making a **decision** to make an external or internal response.

20. **Life coping skills** are ways of dealing with the problems and challenges of living, changing, and growing. Examples of life coping skills are valuing, decision making, communicating, confronting, asserting, risking, experimenting, withdrawing, fantasizing, and understanding defense mechanisms.

21. **Maintenance**: Treatment of narcotic addicts with legally dispensed methadone or large enough doses of heroin to permit normal functioning to blunt the need for illegal narcotics.

22. **Marijuana**. Marijuana is a common plant with the biological name of cannabis sativa. The active (mind-affecting) ingredient is delta-9-tetra-hydrocannabinol, or THC. The flowering tops and leaves of the plant contain the highest THC concentration.

Hashish or "hash" is a dark brown resin from the tops of cannabis sativa. It is much stronger than crude marijuana since it contains more THC. "Hash oil" is a distillant of the marijuana plant with a concentration of THC of forty-eight percent or even higher. The effect on the user is more intense and the possibility of side effects is greater.

The effects of marijuana vary so widely that it can be either a stimulant or a depressant. THC is often considered a hallucinogen with some sedative properties. Most drug educators prefer to keep it in a separate category because of the debate that continues about its effects.

23. **Medicines** are drugs which are specifically developed to cure disease, prevent disease, or reduce their symptoms.

24. **Methadone.** Methadone is a synthetic narcotic used in the treatment of some heroin addicts. It relieves the physical craving for heroin and acts longer in the body than heroin. Used with proper supervision, methadone allows the addict to work and lead a relatively normal life.

Since methadone itself can cause physical dependence, it is under strict government regulation. Addicts admitted to methadone treatment are usually over eighteen and have a long history of dependence. Many programs provide for withdrawal from methadone maintenance, once rehabilitation has succeeded. Research is being done to develop longer acting methadone and to measure the effects of long-term use.

25. **Motives**. There are many reasons for contemporary substance use. Reasons most frequently offered range from the belief that "medicines" can solve all problems, to widespread access to various substances, "peer pressure," to the enjoyment of substance effects. Reasons for experimenting with substances (such as curiosity or peer pressure) may be different from the reasons people decide to use substances (such as social acceptance, enjoyment) and those reasons may be different from the reasons people continue to use substances regularly (such as emotional dependence or fear of withdrawal.

26. **Multimodality treatment**. A program offering more than one rehabilitative approach.

27. **Narcotic**. Narcotics are drugs that relieve pain and often induce sleep. The opiates, which are narcotics, include opium and drugs derived from opium, such as morphine, codeine, and heroin. Narcotics also include certain synthetic chemicals that have a morphine-like action, such as methadone.

28. **Overdose**. An "overdose" of drugs can be defined as an amount of drugs taken which causes an acute reaction to the user. A drug overdose can often be recognized even by a nonmedical observer because it often produces stupor or coma. Often there is a low breathing rate as well. Medical help is needed immediately. First aid measures that can be taken while waiting for medical help include artificial respiration to restore breathing.

29. **Prescription Drugs**. Those drugs, medications, and medical devices subject to regulations by a physician's prescription which are "habit forming," "toxic," "potentially harmful," or whose "method of use," are not safe except under the supervision of a physician.

30. **Prevention** means those organized efforts by individuals, schools, organizations, or agencies designed to deter or inhibit the development of substance abuse by individuals and the individual and social problems associated with substance abuse.

31. **Primary Prevention** is a constructive process designed to promote personal and social growth of the individual toward full human potential and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances.

32. **Problem drinker**. A person whose drinking causes him or her a problem or causes problems for other people. The following have been suggested as criteria:

Anyone who needs to drink in order to get along or to cope with life.

Anyone who (by his/her definition) often drinks to a state of intoxication.

Anyone who goes to work intoxicated.

Anyone who is intoxicated while driving a car.

Anyone who (while intoxicated) has an injury requiring medical attention.

Anyone who has a conflict with the law as a consequence of being intoxicated.

Anyone who while intoxicated does something he/she says he/she would never do without alcohol.

33. **Psychoactive Drugs** are capable of changing mood, feelings, and thoughts by direct action on the central nervous system. These include various stimulants (nicotine, caffeine, cocaine, amphetamines); sedatives (alcohol, marijuana, barbiturates, tranquilizers); pain relievers (aspirin, narcotics); and mind-distorting agents (LSD, mescaline, marijuana).

34. **Rehabilitation** means the restoration of a client to the fullest physical, mental, social, vocational, and economic usefulness of which he or she is capable. Rehabilitation includes, but is not limited to, medical treatment, job counseling, occupational training, social and domestic rehabilitation, and education.

35. **Risk-taking** is an important element in the decision making process. One is willing to take great risks if a particular outcome is highly valued. Risk-taking is learned. Each person develops his/her own style of risk-taking and every person will take different amounts of risk on various decisions depending on the intended outcomes or the situations surrounding each decision.

36. **Self-concept** is the ongoing definition of ourselves and is the single most important element affecting human behavior. A young person who feels good about his or her self is more likely to take care of that self.

37. **Social drinker** is a person who drinks alcohol, but not so much that it causes problems for him/her or others.

38. **Stimulant**. Stimulants are drugs which increase alertness and activity. They include caffeine, cocaine, and amphetamines. Stimulants are often called "uppers" or "pep pills." Amphetamines are the most often abused stimulants.

39. **Substance** means all chemicals such as alcohol, spirits, wine, beer; controlled substances; prescription drugs; over-the-counter products; inhalants; and substances, other than food, used to affect the structure or any function of the body.

40. **Therapeutic communities.** Residential drug-abuse treatment centers where various forms of encounter groups and peer pressure are used to rehabilitate residents.

41. **Tolerance.** Tolerance is a physical condition which develops in users of certain drugs. When a person develops tolerance, he requires larger and larger amounts of the drug to produce the same effect.

42. **Treatment** means the broad range of planned and continuing in-patient, out-patient, and residential services including diagnostic evaluation, counseling, medical, psychiatric, psychological, social service care, and occupational services which may be extended to substance abusers and which is geared toward influencing the behavior of an individual to achieve a state of rehabilitation.

43. **Valuing.** Values are beliefs or preferences that guide people's actions. The process of valuing is a skill to be learned and utilized in making responsible decisions about use or non-use of substances. Values clarification requires students to examine their behavior and their values on the basis of three general criteria: choosing, prizing, acting. Students are asked to determine if they have **chosen** a course of action freely from several different alternatives after considering the consequences of each alternative. Do they **prize** their choice, in terms of being happy with the choice and affirming the choice publicly? And did they **act** on the choice, actually do something as a result of having made the choice, not only once but repeatedly. The behavior that reflects all of these criteria is based on real values.

44. **Volatile Substance.** Substances like model airplane glue, paint thinners, gasoline, and other volatile (breathable) solvents contain a variety of chemicals which can cause tissue damage or death when inhaled or ingested.

45. **Withdrawal.** A condition that results from discontinuance of the use of a drug on which the body has become physically dependent after extended heavy use.

B. Criteria For Chemical Abuse Related Films
(Alcohol and other drugs)

Films have become an increasingly attractive method of delivering chemical abuse related information. The Education Task Force of the Iowa Drug Abuse Authority encourages their use as one of many alternatives. In the area of chemical abuse education we have found that some films are productive in that they aid young people and adults in making decisions for their own lives which are growth producing. Some films reduce the chances for making sound decisions.

The following are some criteria for judging the merits of chemical abuse films. In evaluating a film, the reviewer may use the following rating scale to determine whether the film is appropriate for his/her intended audience.

	Strongly Disagree				**Strongly Agree**	
1. The film suits the purpose intended which is ______________________	1	2	3	4	5	N/A
2. The films suits the audience intended which is ______________________	1	2	3	4	5	N/A
The film contains the message that:						
3. The effect of a drug or alcohol is a function of the dosage, the method of administration, the frequency of use, the individual, and the environment.	1	2	3	4	5	N/A
4. The problems associated with alcohol and drug abuse are complex. There are no easy answers. No two substance users are alike.	1	2	3	4	5	N/A
5. Society needs to at least acknowledge an inconsistent position regarding the use of chemicals to alter an individual's mood. Some, tobacco and alcohol, are legal while others are illegal.	1	2	3	4	5	N/A
6. Drug and alcohol abuse are social problems, not just medical problems.	1	2	3	4	5	N/A
7. People can help to solve the drug and alcohol abuse problem by promoting the following conditions: better youth-adult communication, cooperation, and acceptance of differences.	1	2	3	4	5	N/A
8. The film promotes positive images and positive alternative activities rather than reinforcement of "how-to" techniques and exaggeration of negative effects.	1	2	3	4	5	N/A
9. The information in it is accurate from a scientific point of view.	1	2	3	4	5	N/A

(CONTINUED ON NEXT PAGE)

10. It is a contemporary film and is not out-of-date.	1	2	3	4	5	N/A
11. The film is well organized and understandable. Its message is clear.	1	2	3	4	5	N/A
12. It is entertaining and interesting.	1	2	3	4	5	N/A
13. The situations depicted are believable and realistic.	1	2	3	4	5	N/A
14. It is technically well produced (e.g. good color, sound, and picture quality).	1	2	3	4	5	N/A
15. Its length is appropriate for audience intended.	1	2	3	4	5	N/A

IF THE FILM DOES NOT RATE SCORES OF 4 OR 5 IN AT LEAST HALF OF THESE CATEGORIES, THE TASK FORCE RECOMMENDS THAT IT NOT BE SHOWN.

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The WORD. Iowa Division of Alcoholism, 508 10th Street, Des Moines, Iowa 50319.

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1201 Sixteenth Street N.W.
Washington, D.C. 20036

AMERICAN COUNCIL OF ALCOHOL, INC.
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AMERICAN MEDICAL ASSN.
535 North Dearborn Street
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AMERICAN PHARMACEUTICAL ASSN.
2213 Constitution Avenue, N.W.
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AMERICAN SCHOOL HEALTH ASSN.
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DISTILLED SPIRITS COUNCIL OF U.S.
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118 South Bedford
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Government Printing Office
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IOWA PUBLIC BROADCASTING NETWORK
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IOWA STATE TRAVELING LIBRARY
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Alcohol & Drug Education Guidelines: Scope & Sequence

This chart is reproduced
in six microfiche frames.
Frame 1 of 6.

Major Outcomes	At conclusion of:
	Level 1
A. Student will understand the basic factors in human behavior related to substance abuse: psychological, physiological and sociological.	1. List five need areas all people share (physical, intellectual, social, emotional, and spiritual). 2. Describe one's feelings about self and how these feelings affect one's behavior. 3. Describe how the actions of other people affect one's feelings. 4. Describe how belonging to a group affects one's feelings and behavior.
B. Student will know impartial scientific facts about alcohol and other drugs.	1. Explain the purpose of medicines. 2. Describe the role of parents, pharmacists and other health professionals in dispensing medicines. 3. List home and school rules for using medicines, poisons, and other substances. 4. Identify harmful household products (substances).
C. Student will know the probable consequences of any alcohol and drug use to the individual, to the family, and to the community.	1. Give examples of how misuse of medicines or household substances will very likely result in physical harm.

This chart is reproduced
in six microfiche frames.
Frame 2 of 6.

At conclusion of:	At conclusion of:
Level 2 1. Identify ways in which people attempt to meet their needs by using substances. 2. Identify differences in family practices in the use of alcohol and other drugs. 3. Identify ways that peers might influence one's choice of substance use or non-use. 4. Describe advertising techniques used to promote the consumption of alcohol and other drugs.	Level 3 1. Describe methods used by adolescents to satisfy their needs. 2. Identify examples of peer influence on decisions to use or not use substances. 3. Identify the influence of the family on decisions to use or not use substances. 4. Identify the roles of mass media and advertising in influencing decisions about substance use or non-use. 5. Identify the internal (self) controls which a person can apply to decisions about substance use or non-use.
1. Describe the effects of alcohol and commonly misused drugs on body systems. 2. Give examples of substances classified as stimulants, depressants, hallucinogens, narcotics, and volatile substances. 3. Explain medical uses of commonly used drugs. 4. Give examples of the rule that drugs have played in improving the quality of health. 5. Describe the differences between the terms: a) substance used and abuse and b) prescription and nonprescription drugs. 6. Define the term alcoholism. 7. Explain the statement that alcohol is the major drug of abuse in the United States. 8. Describe antidotes and emergency procedures to counteract the toxic effects of ingested poisons in household products.	1. Classify substances according to their physiological and psychological effects. 2. Discuss the concepts of drug allergies and drug side-effects. 3. Identify the differences between prescription and nonprescription drugs. 4. Describe the risks in using alcohol in combination with other drugs. 5. Describe antidotes and emergency procedures to counteract the toxic effects of ingested substances. 6. Describe ways in which intoxification changes the behavior of a driver and interferes with the operation of vehicle. 7. Discuss the differences between prevention and treatment of substance abuse. 8. Interpret the terms alcoholic, problem drinker, social drinker, and abstainer. 9. Relate drug research to life expectancy.
1. Explain how the misuse of medicines, alcohol, and nonprescription drugs might result in physical harm in oneself. 2. Know that there are legal controls for the use or possession of alcohol and most drugs. 3. Describe the possible harm to self from "taking a dare" involving the use of known and unknown substances. 4. Identify the possible benefits of using alcohol and other drugs.	1. Identify the problem associated with the use of alcohol and other drugs for the individual, family, and community. 2. Identify certain risks or dangers of alcohol use to which teen-agers are uniquely susceptible. 3. Explain how laws govern the personal use, sale and possession of alcohol and drugs. 4. Describe the relationship of drug abuse to illegal drug traffic, crime, and delinquency.

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At conclusion of:

Level 4

1. Interpret reasons why people use and abuse substances.
2. Analyze the influence of peers on adolescents' decisions to use or not use substances.
3. Analyze the influence of adult models on adolescents' decisions to use or not use substances.
4. Identify the social norms for the use of alcohol and other substances and the influences these norms have on individual decisions about use or non-use.
5. Discuss personal characteristics which may precede alcohol and drug abuse.
6. Analyze the impact of the alcohol and drug industries on the use of substances.
7. Discuss the factors which influence alcohol and drug effects.

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1. Classify alcohol and other drugs according to their effects on the mind and body.
2. Identify beneficial and harmful effects of alcohol and other drugs on the body.
3. Analyze and interpret the accuracy of drug and alcohol information from all sources.
4. Evaluate common alcohol and drug myths.
5. Describe procedures for being an informed consumer of prescription and nonprescription drugs.
6. Identify procedures to help in drug and alcohol emergencies and crises.
7. Evaluate the effects of alcohol and other drugs upon driving behaviors and performance.

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1. Discuss the detrimental effects of drug and alcohol dependency to the individual, the family, and the community.
2. Demonstrate a knowledge of the laws and regulations concerning the use, sale, possession of alcohol in Iowa and the possible consequences of violating these laws.
3. Demonstrate a knowledge of the laws and regulations concerning the use, sale, and possession of "controlled substances" in Iowa and the possible consequences of violating these laws.
4. Demonstrate a knowledge of the consequences of driving while under the influence of alcohol (and other drugs), both immediate and long range.
5. Describe the possible consequences of one's responses toward a person [illegible]

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D. Student will know that the individual, his/her family, and the community have interrelated responsibilities for the prevention of alcohol and drug abuse.	1. Describe the ways, rules, regulations, and laws helping protect one's health and safety; particularly those related to medicines and poisons. 2. Identify and respect persons who help protect and maintain one's health and safety. 3. Identify dangerous situations involving medicines and poisons and appropriate responses to the situations.
E. Student will know personally relevant and satisfying alternative behaviors to substance abuse.	1. Identify ways in which people behave in order to meet their needs. 2. Identify appropriate responses to feelings. 3. Identify an adult he/she can talk with. 4. Recognize personal interests.
F. Student will be able to employ decision making skills to make responsible decisions relative to personal alcohol and drug use or non-use.	1. Demonstrate the use of a problem solving process. 2. Identify a safe behavior in situations which involve medicines and poisons.

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1. List ways society tries to prevent individuals from becoming abusers of alcohol and drugs. 2. Explain the role of laws, rules, and regulations in the prevention of substance abuse. 3. Identify ways to prevent oneself from misusing or abusing alcohol and drugs. 4. Identify personal attitudes related to substance use and to substance abuse. 5. Identify the community services available to help with alcohol and drug problems.	1. Explain how the use and abuse of substances might be prevented by controls that exist in society. 2. Identify local efforts at preventing substance abuse. 3. Discuss ways by which peers; siblings and older youth can influence the non-use of substances by junior high school students. 4. Analyze the contributions of the family in the primary prevention of substance abuse. 5. Discuss personal value positions on the use and abuse of substances. 6. Describe how to use agencies which offer assistance to people with mental health, substance abuse, and family problems.
1. Identify ways by which people meet their needs without using substances (the alternatives concept). 2. Identify alternative activities afforded through community agencies and programs. 3. Identify alternative activities afforded within the school environment.	1. Identify several alternative behaviors one can employ to satisfy one's needs without using substances. 2. Identify settings in the home, school, and community as possible resources for satisfying some needs. 3. Discuss abstinence as a choice of life style.
1. Demonstrate the decision making process in relationship to the use of medicines, alcohol, and other drugs. 2. List the reasons why a person might or might not make the decisions to use alcoholic beverages. 3. Describe the application of a problem solving process as a non-chemical method of dealing with personal problems.	1. Apply the decision making process to situations involving alcohol and other drugs.

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1. Evaluate the effectiveness of existing controls over the use, misuse, and abuse of substances.
2. Discuss the responsibilities of the community for the treatment and rehabilitation of substance abusers.
3. Suggest ways by which individuals can assume responsibility for the prevention of substance use and abuse.
4. Recommend community actions for the primary prevention of substance abuse.
5. Discuss the influence of parental substance use and substance attitudes on their children's future substance use or non-use.
6. Identify constructive aspects of an abstinent or responsible use life styles.

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1. Assess one's own life style in relationship to meeting personal needs.
2. Choose alternatives to substance use which are compatible with personal interests and values.
3. Identify and analyze adult models for meeting needs constructively.
4. Evaluate abstinence as a personal choice of life style.
5. Describe responsible hosting in regards to alcoholic beverages.

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1. Discuss the individual's right to make his/her own decision about substance non-use or use.
2. Identify situations or conditions when individuals might be apt to use or abuse substances and will apply the decision making process in selecting an appropriate behavior.